ADA American Dental Association®

America's leading advocate for oral health

2015

Supplement to

Annual Reports and Resolutions

Volume 2

156th Annual Session

Washington, DC

November 6–10, 2015

Table of Contents Volume 2

Legislative, Health, Governance and Related Matters

TABLE OF CONTENTS

Legislative, Health, Governance and Related Matters

Resolution No. 2-4 New

Report: CEBJA Supplemental Report 1 Date Submitted: August 2015

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: AMENDMENT TO THE ADA BYLAWS TO DELETE NON-GOVERNANCE RELATED PROVISIONS IN PARTIAL RESPONSE TO RESOLUTION 118H-2014

Background: The House of Delegates, through Resolution 118H-2014, has directed the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) to perform a comprehensive review and rewrite of the ADA *Constitution and Bylaws*. The resolution states:

> **Resolved,** that the Council on Ethics, Bylaws and Judicial Affairs, in consultation with other appropriate ADA agencies, perform a complete review and rewrite of the ADA *Constitution and Bylaws*, and be it further
>
> **Resolved,** that the Council on Ethics, Bylaws and Judicial Affairs provide a report on its progress to the 2015 House of Delegates.

The review and revisions of the ADA *Constitution and Bylaws* has begun, with the bulk of the recommendations for amendments to the *Constitution and Bylaws* expected to be presented to the House of Delegates in 2016. As discussed below, during the review process, a chapter of the ADA *Bylaws* has been identified that can be completely moved from the ADA *Bylaws* to the ADA policy compilation. Because the proposed revision involves an entire chapter of the ADA *Bylaws* and it is recommended that the removed material be moved to an existing document, it was decided to seek approval for that revision now, rather than waiting until 2016.

Discussion: The bylaws of an organization should provide the fundamental governance framework of the entity. BoardSource, a leading and nationally recognized not-for-profit governance advisory group, states that bylaws "contain the key governance principles of the organization. They are the rules, the main policies, by which an organization is governed and provide a foundation" for the organization's governing bodies.[1]

It has been many years since the ADA *Bylaws* have been completely reviewed and revised. During that period, the ADA *Bylaws* have been amended to include provisions other than the foundational rules that provide the framework for how the ADA is governed. The inclusion of non-governance related material in the ADA *Bylaws* creates a number of drawbacks. Among the issues arising from the current state of the

[1] Governance Documentation: Articles, Bylaws, and Policies, BoardSource, January 2012.

Bylaws is that the governance of the ADA is less transparent than it should be, because the basic governance rules of the organization are not readily available to the membership in a concise, organized and easily understandable form.

An organization often requires a supermajority vote to amend its bylaws provisions; the ADA *Bylaws* require a two-thirds affirmative vote of the delegates present and voting to effect an amendment to the *Bylaws* (ADA *Bylaws*, Chapter XXII). The supermajority vote requirement is typically included so that changes to the fundamental governance policies and rules of the organization are well considered and adopted without haste and, in the case of a membership organization like the ADA, enjoy widespread support of the membership.

When, however, that two-thirds majority is needed to revise provisions other than basic governance rules, such as those affecting day-to day management or operational activities, the protections afforded by a two-thirds majority vote to approve change becomes an impediment to the organization swiftly adapting to changes in the market it serves or the environment in which it operates.

Consequently, one of the goals identified for the ADA *Constitution and Bylaws* review and rewrite process is to remove material that is not part of the fundamental governance framework of the Association and place that material in more appropriate places, such as the existing compilation of current ADA policies or a procedures and operations manual. This will permit the fundamental governance provisions of the ADA to be clearly and concisely stated in the ADA *Bylaws* so that these rules will be more accessible to members and the governance of the ADA more transparent. The membership can continue to be reassured that the basic ADA governance rules will continue to reside in the ADA *Bylaws* where change will come only if approved by a two-thirds vote of the members of the House of Delegates.

In addition, moving material that is not part of the basic ADA governance framework to documents other than the ADA *Bylaws* will make it easier for the ADA to adapt to the changing circumstances and environment that confront it now and in the future because revision to those provisions will no longer be subject to the two-thirds majority vote requirement found in the ADA *Bylaws*. This will help to ensure that the ADA remains an organization that is relevant to the dental profession and dental professionals no matter how the profession or the needs of dentists change.

The chapter of the ADA *Bylaws* that is the focus of the resolution is Chapter XIX. It states:

CHAPTER XIX ALLIANCE OF THE AMERICAN DENTAL ASSOCIATION

> Section 10. RECOGNITION: The Association recognizes the Alliance of the American Dental Association as an organization of the spouses of active, life, retired or student members in good standing of this Association, and of spouses of such deceased members who were in good standing at the time of death.
>
> Section 20. CONSTITUTION AND BYLAWS: No provision in the constitution and bylaws of the Alliance shall be in conflict with the Constitution and Bylaws of this Association.

The Alliance of the American Dental Association (the Alliance) is a vital adjunct to the ADA. Its members undertake or participate in many notable activities, including:

- Public oral health initiatives such as Healthy Mouths from the Start, a multifaceted prenatal and postnatal dental health care education program for mothers and caregivers of newborns that is available in both English and Spanish;

- Providing resources to promote health and wellness programs, including supporting the ADA's Health and Wellness programs;

- Advocacy activities through involvement in ADPAC (for which the AADA raised $40,000 in 2014), state political action committees and the ADA Grassroots Action Team Network.

Chapter XIX of the ADA *Bylaws* recognizes the Alliance and indicates that nothing in that organization's constitution and bylaws should be in conflict with the ADA *Constitution and Bylaws*. While the ADA's recognition of the Alliance for its important roles in organized dentistry and educating the public on the issues of oral health is important and well deserved, that recognition is a policy statement, and is not part of the framework of key policies and principles under which the ADA is governed. The same is true for Section 20, which states that the constitution and bylaws of the Alliance should not conflict with the ADA's *Constitution and Bylaws*. At best, that provision is an aspirational directive to the Alliance and does not govern the activities of the ADA in the least.

It is believed that the provisions of Chapter XIX of the ADA *Bylaws* more appropriately belong in the compilation of current ADA policies. It is therefore recommended that Chapter XIX of the ADA *Bylaws* be deleted in its entirety in favor of a policy statement by which the ADA (i) recognizes the Alliance; (ii) urges that the Alliance's constitution and bylaws not be in conflict with the ADA *Constitution and Bylaws;* and (iii) urges spouses of ADA members to join the Alliance.

To further institutionalize the ADA's support of the Alliance and provide recognition of and publicity for the Alliance and its work, it is also recommended that appropriate ADA agencies be urged to periodically report and publicize the philanthropic and advocacy activities of the Alliance.

Consequently, CEBJA recommends that the following resolutions be adopted:

2. Resolved, that the ADA recognizes the Alliance of the American Dental Association as an organization of the spouses of active, life, retired or student members in good standing of this Association, and of spouses of such deceased members who were in good standing at the time of death, and be it further

Resolved, that all spouses of ADA members are urged to become members of the Alliance of the American Dental Association, and be it further

Resolved, that the Alliance of the American Dental Association is urged not to adopt any provision in its constitution and bylaws that are in conflict with the ADA *Constitution and Bylaws*.

3. Resolved, that appropriate ADA agencies are urged to periodically report on the philanthropic and advocacy activities of the Alliance of the American Dental Association.

4. Resolved, that Chapter XIX ALLIANCE OF THE AMERICAN DENTAL ASSOCIATION of the ADA *Bylaws* be deleted in its entirety, and be it further

Resolved, that the remaining Chapters of the ADA *Bylaws* be renumbered accordingly.

Resolutions

(Resolution 2:Worksheet:5003)
(Resolution 3:Worksheet:5004)
(Resolution 4:Worksheet:5005)

Resolution No. 2 New

Report: CEBJA Supplemental Report 1 Date Submitted: August 2015

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

RECOGNITION OF THE ALLIANCE OF THE AMERICAN DENTAL ASSOCIATION

Background: (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5002)

Resolution

2. Resolved, that the ADA recognizes the Alliance of the American Dental Association as an organization of the spouses of active, life, retired or student members in good standing of this Association, and of spouses of such deceased members who were in good standing at the time of death, and be it further

Resolved, that all spouses of ADA members are urged to become members of the Alliance of the American Dental Association, and be it further

Resolved, that the Alliance of the American Dental Association is urged not to adopt any provision in its constitution and bylaws that are in conflict with the ADA *Constitution and Bylaws*.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 3 New

Report: CEBJA Supplemental Report 1 Date Submitted: August 2015

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

PERIODIC REPORTING OF ACTIVITIES OF THE ALLIANCE OF THE AMERICAN DENTAL ASSOCIATION

Background: (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5002)

Resolution

3. Resolved, that appropriate ADA agencies are urged to periodically report on the philanthropic and advocacy activities of the Alliance of the American Dental Association.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 4 New

Report: CEBJA Supplemental Report 1 Date Submitted: August 2015

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

DELETION OF CHAPTER XIX OF THE ADA BYLAWS IN PARTIAL RESPONSE TO RESOLUTION 118H-2014

Background: (See CEBJA Supplemental Report 1 to the House of Delegates, Worksheet:5002)

Resolution

4. Resolved, that Chapter XIX ALLIANCE OF THE AMERICAN DENTAL ASSOCIATION of the ADA *Bylaws* be deleted in its entirety, and be it further

Resolved, that the remaining Chapters of the ADA *Bylaws* be renumbered accordingly.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 5 New

Report: CEBJA Supplemental Report 2 Date Submitted: August 2015

Submitted By: Council on Ethics Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS SUPPLEMENTAL REPORT 2 TO THE HOUSE OF DELEGATES: AMENDMENT TO THE ADA BYLAWS TO DELETE CHAPTER XXI IN PARTIAL RESPONSE TO RESOLUTION 118H-2014

Background: The House of Delegates, through Resolution 118H-2014, has directed the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) to perform a comprehensive review and rewrite of the ADA *Constitution and Bylaws*. The resolution states:

> **Resolved,** that the Council on Ethics, Bylaws and Judicial Affairs, in consultation with other appropriate ADA agencies, perform a complete review and rewrite of the ADA *Constitution and Bylaws*, and be it further
>
> **Resolved,** that the Council on Ethics, Bylaws and Judicial Affairs provide a report on its progress to the 2015 House of Delegates.

The review to and revisions of the ADA *Constitution and Bylaws* has begun, with the bulk of the recommendations for amendments to the ADA *Constitution and Bylaws* expected to be presented to the House of Delegates in 2016. As discussed below, during the review process, a chapter of the ADA *Bylaws* has been identified for elimination as being unnecessary. Because the proposed revision involves a deletion of the entire chapter rather than revisions that would require rewriting of the remaining material, an amendment to the ADA *Bylaws* is being sought now rather than waiting until 2016.

Discussion: As pointed out in CEBJA's Supplemental Report 1 addressing Chapter XIX of the ADA *Bylaws*, the bylaws of an organization should provide the fundamental governance framework of the entity. Because the ADA *Bylaws* includes material other than the fundamental governance rules of the Association, the governance of the ADA is not as well understood as it should be because the ADA's basic governance rules are not presented in a clear, concise and organized way. Additionally, moving material that is not part of the basic ADA governance framework from the ADA *Bylaws* to other documents will make it easier for the ADA to quickly adapt to changing circumstances because revising those non-governance provisions will no longer be subject to the supermajority, two-thirds affirmative vote requirement required for changes to the ADA *Bylaws*. This will help to ensure that the ADA remains a strong and relevant force within dentistry into the future.

Chapter XXI of the ADA *Bylaws* calls for titles and personal pronouns, whether used in either the masculine, feminine or neutral gender, to be considered gender inclusive. The Chapter states:

CHAPTER XXI CONSTRUCTION

> Where the context or construction requires, all titles and personal pronouns used in the *Bylaws*, whether used in the masculine, feminine or neutral gender, shall include all genders.

Rather than a fundamental rule of governance, the Chapter XXI, at best, provides guidance on how material contained in the ADA *Bylaws* is to be interpreted. However, the guidance in Chapter XXI fails to rise to the level of importance to merit its inclusion in a set of bylaws that sets forth only the foundational governance principles of an organization.

Not only does Chapter XXI fail to provide an essential part of the governance framework of the Association, but its guidance also appears to be unnecessary. As noted above, Chapter XXI provides direction as to how personal pronouns and titles appearing in the ADA *Bylaws* are to be interpreted. When personal pronoun usage in the ADA *Bylaws* is examined, however, it is apparent that the direction given by the Chapter is not needed. The ADA *Bylaws* contain twelve instances where gender specific personal pronouns are used. In each case the pronouns are used in pairs – he/she, his/her and him/her. Following is a table listing the personal pronoun usage in the ADA *Bylaws*:

Pronouns Used	**Occurrences (Line Numbers)**
he/she	997-8, 2351, 2355-56, 2364, 2588, 2755
his/her	1731, 1745, 1853, 2066, 2297-98, 2360
him/her	No usage in the ADA *Bylaws*

The Appendix to the ADA *Bylaws*, containing the *ADA Procedures for Member Disciplinary Hearings and Appeals*, is no different. There are no instances of singular gender specific pronoun usage in the Appendix, only pair usage as in the ADA *Bylaws*:

Pronouns Used	**Occurrences (Line Numbers)**
he/she	No usage in the Appendix
his/her	400
him/her	34, 339, 356, 430-31

In the Supplemental Report proposing the resolution to amend the ADA *Bylaws* by adding what is currently Chapter XXI, citing the use of the word “chairman,” it was noted that the *Bylaws* contained terms in several places that could be interpreted as referring to the male gender (*Supplement to Annual Reports and Resolutions* 1998:299). A review of the current day ADA *Bylaws* reveals that the term “chairman” has been supplanted by the gender neutral term “chair” in the ADA *Bylaws*. That fact provides further confirmation that the guidance found in Chapter XXI has performed its intended purpose of sensitizing the ADA to the issue of gender equality and neutrality. Having done so, the provision can be deleted from the ADA *Bylaws*.

For these reasons, it is recommended that the following resolution be adopted:

Resolution

5. Resolved, that Chapter XXI Construction of the ADA *Bylaws* be deleted in its entirety, and be it further

Resolved, that the remaining Chapters of the ADA *Bylaws* be renumbered accordingly.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 6 New

Report: Supplemental Report of the ADA Councils Date Submitted: August 2015

Submitted By: ADA Councils

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

SUPPLEMENTAL REPORT OF THE ADA COUNCILS PROPOSING AMENDMENTS TO THEIR DUTIES AS STATED IN THE ADA BYLAWS

Background: With the approval of the current strategic plan in 2014, members of the Strategic Planning Committee and senior staff of the ADA perceived a need to revise the duties of the ADA councils as stated in the ADA *Bylaws* to emphasize that projects and programs undertaken by councils should support and advance the goals of the strategic plan under which the Association is operating. The staff of the Council on Ethics, Bylaws and Judicial Affairs was enlisted to work with the ADA councils to achieve that goal.

During the fall and winter of 2014-2015, the responsibilities of councils as stated in Chapter X. of the ADA *Bylaws* were studied and discussions concerning restating council duties were held with several councils and/or the staff of councils. In addition to supporting and advancing the ADA's strategic plan, other goals to be achieved from revising the councils' *Bylaws* duties were identified. Those goals are to: (1) unambiguously define the subject matters for which each council is responsible, so that jurisdictional overlap between councils (and resulting inefficiencies) is avoided; (2) provide a better and more consistent definition of the duties of ADA councils; and (3) encourage cooperation and collaboration between councils when issues arise that affect subject matters that are the responsibility of more than one council.

The preliminary studies and discussions conducted also resulted in the realization that all ADA councils have the same general duties. Where councils differ from each other is the subject matters for which each council is responsible. From that realization, the structure of the proposed amendment to Chapter X. of the *Bylaws* arose – to provide a recitation of the duties that all councils are to fulfill, followed by a listing of the subject matters for which each council is responsible. Each council was provided a listing of the duties that all councils are to meet and asked to consider how to define its areas of responsibility. The councils were informed that the goal was not to increase or decrease the areas of responsibility for any council, but simply to codify council duties and areas of responsibility in a clearer and more systematic way.

Following consideration of this matter, each council approved with the listing of duties in the proposed revision to Section 120 and the listing of subject areas of responsibility as listed in proposed Section 130. That input was collected and put into bylaws format. A copy of this supplemental report was then drafted and circulated to each council. **Each council has approved** the supplemental report and the duties and subject areas of responsibility listed in the resolution proposed in this report.

The proposed amendment to Chapter X. of the ADA *Bylaws* satisfies each of the goals listed above and provides the councils and the remainder of the Association a simpler and clearer identification of the role that each council plays in the governance structure of the ADA. Consequently, the ADA councils jointly recommend adoption of the following resolution to amend Chapter X. of the ADA *Bylaws*. A traditionally formatted version of the amendments proposed in this resolution is appended as Appendix 1. The proposed *Bylaws* provisions are presented alone in Appendix 2. Appendix 3 is a tabular presentation of the duties of councils as presently stated in Chapter X., Section 120 of the ADA *Bylaws* and where those duties fall within the proposed council responsibilities proposed by new Section 130. As has this report, Appendix 3 has been reviewed and approved by each council.

Resolution

6. Resolved, that CHAPTER X.COUNCILS of the ADA *Bylaws* be amended by deleting the existing *Section 120*. DUTIES in its entirety and adding in its place the following new *Section 120*:

Section 120.DUTIES: Each council listed in *Section 10* of this Chapter shall have the following duties with respect to the subject matters for which each council is responsible as listed in *Section 130* of this Chapter:

A. Define, develop and oversee programming and projects that support and advance the strategic plan of the Association;
B. Consider and investigate emerging issues;
C. Respond to directives received from the House of Delegates or the Board of Trustees;
D. Propose new policies and rescission of and amendments to existing policies for consideration by the House of Delegates; and
E. Collaborate with other agencies on initiatives or issues that are within the responsibility of the collaborating councils.

and be it further

Resolved, that CHAPTER X. COUNCILS, of the ADA *Bylaws* be amended by adding a new *Section 130.* AREAS OF RESPONSIBILITY as follows (additions underscored):

Section 130. AREAS OF RESPONSIBILITY:

A. COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS. The areas of subject matter responsibility of the Council shall be:
a. Oral Health Literacy;
b. Oral Disease Prevention and Intervention;
c. Interprofessional Relations;
d. Access to Oral Healthcare; and
e. Community Oral Health.

B. COUNCIL ON ADA SESSIONS. The areas of subject matter responsibility of the Council shall be:
a. The conduct of the annual session of the Association, except the House of Delegates, subject to the approval of the Board of Trustees as provided in the ADA *Bylaws*; and
b. Plan and coordinate other Association sessions or regional meetings.

C. COUNCIL ON COMMUNICATIONS. The areas of subject matter responsibility of the Council shall be:
a. Advise on the management of the Association's reputation;
b. Develop, recommend and maintain ADA strategic communications plans;
c. Advise ADA agencies on branding;

d. Advise on prioritization and allocation of communications resources; and
e. Advise on communications and marketing for state and local dental societies, upon request.

D. COUNCIL ON DENTAL BENEFIT PROGRAMS. The areas of subject matter responsibility of the Council shall be:
a. Administration and financing of all dental benefit programs including both commercial and public programs;
b. Dental Quality Alliance;
c. Monitoring of quality reporting activities of third party payers;
d. Peer review programs;
e. Code sets and code taxonomies including but not limited to procedure and diagnostic codes;
f. Electronic and paper dental claim content and completion instructions; and
g. Standards pertaining to the capture and exchange of information used in dental benefit plan administration and reimbursement for services rendered.

E. COUNCIL ON DENTAL EDUCATION AND LICENSURE. The areas of subject matter responsibility of the Council shall be:
a. Dental, advanced dental and allied dental education and accreditation;
b. Recognition of dental specialties and interest areas in general dentistry;
c. Dental anesthesiology and sedation;
d. Dental admission testing;
e. Licensure;
f. Certifying boards and credentialing for specialists and allied dental personnel; and
g. Continuing dental education.

F. COUNCIL ON DENTAL PRACTICE. The areas of subject matter responsibility of the Council shall be:
a. Dental Practice, including:
    (1) Dental practice management;
    (2) Practice models and economics;
    (3) Scope of practice;
    (4) Impact of and compliance with regulatory mandates; and
    (5) Assessment of initiatives directed to the public and the profession;
b. Allied Dental Personnel, including:
    (1) Utilization, management and employment practices; and
    (2) Liaison relationships with organizations representing allied dental personnel;
c. Dentist Health and Wellness, including:
    (1) Dental professional well-being, wellness and ergonomics;
    (2) Patient safety and wellness; and
    (3) Liaison relationships with state well-being programs and related national organizations;
d. Dental Informatics and Standards for Electronic Technologies; and
e. Activities and Resources Directed to the Success of the Dental Practice and the Member.

G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The areas of subject matter responsibility of the Council shall be:
a. Ethics and professionalism, including disciplinary matters relating thereto;
b. The *Constitution and Bylaws* of this Association, including:
    (1) Review of the constitutions and bylaws of state and local societies to ensure consistency with the Association's *Bylaws*; and
    (2) Correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot material where such revisions do not alter the material's context or meaning in the Bylaws and the ADA Procedures for Member Disciplinary Hearings and Appeals upon the unanimous vote of the Council members present and voting; and

c. Acting as the Standing Committee of Constitution and Bylaws of the House of Delegates pursuant to CHAPTER V. *Section* 140.A. of the *Bylaws*.

H. COUNCIL ON GOVERNMENT AFFAIRS. The areas of subject matter responsibility of the Council shall be:
a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities;
b. Formulate and recommend legislation, regulatory activity, policies and governmental programs relating to dentistry and oral health for submission to Congress;
c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate polices which are designed to advance the professional status of federally employed dentists; and
d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public.

I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS. The areas of subject matter responsibility of the Council shall be:
a. Insurance and retirement plan products and resources; and
b. Risk management education programs and resources.

J. COUNCIL ON MEMBERSHIP. The areas of subject matter responsibility of the Council shall be:
a. Membership recruitment and retention and related issues;
b. Monitor and provide support and assistance for the membership activities of constituent and component dental societies; and
c. Membership benefits and services.

K. COUNCIL ON SCIENTIFIC AFFAIRS. The areas of subject matter responsibility of the Council shall be:
a. Science and scientific research, including:
(1) Evidence-based dentistry;
(2) Evaluation of professional products;
(3) Promulgation of a biennial research agenda; and
(4) Promotion of student involvement in dental research;
b. Scientific aspects of the dental practice environment related to the health of the public, dentists and allied health personnel;
c. Standards development for dental products;
d. The safety and efficacy of concepts, procedures and techniques for use in the treatment of patients;
e. Liaison relationships with scientific regulatory, research and professional organizations and science-related agencies of professional healthcare organizations; and
f. The ADA Seal of Acceptance program.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Preface to Appendices

Attached for information and clarity are three appendices to the report proposing amendment to Chapter X of the ADA *Bylaws* to revise the duties of the councils. It is understood that the report and the resolution presented is both relatively complex and also voluminous. Consequently, to assist in consideration of the proposed amendment, it has been presented in several different ways:

- In the resolution in the body of this report, the resolution presents the new language with the traditional underscoring. Because the proposed amendment to Chapter X, *Section 120* completely replaces the existing language of *Section 120*, for clarity, the existing language has not been presented in the resolution rather than showing it as stricken. This way of presenting the resolution was used because it best allows readers to focus on the proposed amendment;

- In Appendix 1 that follows this preface, the amendment is presented in the traditional fashion of striking out the existing language that is proposed to be deleted and underscoring the additional language being proposed by the resolution; and

- Appendix 2 presents the proposed revisions to Chapter X, *Section 120* and the newly proposed *Section 130* without any strikeouts and underlining so that readers can review the proposals as they will appear in the *Bylaws* if adopted.

To further assist in the consideration of this material, Appendix 3 lists the current duties of each council as presently found in the *Bylaws* and provides a side-by-side comparison of where those duties reside in the proposed revised language.

APPENDIX 1

Resolved, that Chapter X.COUNCILS of the ADA *Bylaws* be amended by deleting the existing *Section 120*. DUTIES in its entirety and adding in its place the following new *Section 120* (additions underscored, deletions ~~stricken through~~):

CHAPTER X. COUNCILS

* * * * *

Section 120. DUTIES: Each council listed in *Section 10* of this Chapter shall have the following duties with respect to the subject matters for which each council is responsible as listed in *Section 130* of this Chapter:

A. Define, develop and oversee programming and projects that support and advance the strategic plan of the Association; ~~COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS. The duties of the Council shall be to:~~

~~a. Evaluate for the ADA trends in dental public health and access to care that enhance community oral health.~~

~~b. Recommend policies, advise other ADA agencies and develop programs relating to access to care; population-based prevention, including community water fluoridation; and interprofessional relations.~~

~~c. Provide advice and technical assistance to constituencies and communities to assess community oral health needs; develop coalitions and partnerships; and design, implement and evaluate programs to meet community oral health needs.~~

~~d. Recommend policies, advise constituencies and communities, provide technical assistance and develop programs focused on building community oral health infrastructure and capacity, reducing oral health disparities and increasing access to care.~~

~~e. Collaborate with internal and external stakeholders to create advocacy strategies regarding access to care, population-based prevention and interprofessional relations.~~

~~f. Promote community outreach, cultural competence and oral health literacy.~~

~~g. Foster and maintain liaisons with external stakeholders regarding population-based prevention and intervention strategies to improve oral health.~~

~~h. Serve as liaison for the ADA with The Joint Commission and with The Joint Commission's corporate members and other national health care organizations.~~

~~i. Recommend policies and formulate programs on issues pertaining to the relationship of dentistry to medicine, including interdisciplinary patient management, dentist-physician relations, oral health needs of patients with complex medical conditions and the oral-systemic relationship.~~

~~j. Conduct activities to improve the health outcomes of patients requiring cooperative dental-medical management in hospitals, including active medical staff membership and clinical privileges, in ambulatory care centers, long-term care facilities and other interdisciplinary health care settings.~~

~~k. Plan, develop, implement and evaluate programs that support the ADA's commitment to optimal oral health for all.~~

B. Consider and investigate emerging issues; ~~COUNCIL ON ADA SESSIONS. The duties of the Council shall be to:~~

~~a. Have responsibility for conducting the annual session of this Association, except the House of Delegates, subject to approval by the Board of Trustees as provided in these *Bylaws*.~~

~~b. Plan and coordinate other Association sessions or regional meetings.~~

C. Respond to directives received from the House of Delegates or the Board of Trustees; ~~COUNCIL ON COMMUNICATIONS. The duties of the Council shall be to:~~

~~a. Identify, recommend, and maintain a strategic communications plan for the Association.~~

~~b. Advise on the reputation management of the Association, provide strategic oversight and advise the Association on the image and brand implications of Association plans, programs, services and activities.~~

~~c. Provide counsel to the Association on the priority and allocation of communication resources, to advise on their implications, and to identify the areas where the greatest strategic communications impact can be achieved.~~

~~d. Identify, recommend, articulate and maintain strategies for significant communications campaigns across the Association.~~

~~e. Serve as a strategic communications and brand management resource to other Association agencies.~~

~~f. Serve as a resource and to support communications and reputation management strategies for constituent and component dental societies.~~

D. Propose new policies and rescission of and amendments to existing policies for consideration by the House of Delegates; and ~~COUNCIL ON DENTAL BENEFIT PROGRAMS. The duties of the Council shall be to:~~

~~a. Formulate and recommend policies relating to the planning, administration and financing of dental benefit programs.~~

~~b. Study, evaluate and disseminate information on the planning, administration and financing of dental benefit programs.~~

~~c. Assist the constituent societies and other agencies in developing programs for the planning, administration and financing of dental benefit programs.~~

~~d. Provide assistance, guidance and support to constituent and component societies in the development and management of professional review systems.~~

~~e. Encourage the inclusion of dental benefits in health benefit plans and to promote dental benefit plans in accordance with Association policy.~~

~~f. Conduct activities and formulate and recommend policies concerning the assessment and improvement of the quality of dental care relating to dental benefit plans.~~

~~g. Formulate and maintain coding taxonomies, including but not limited to procedural and diagnostic codes that dentists can use to document patient care and to explore applications and opportunities for new coding taxonomies.~~

E. Collaborate with other agencies on initiatives or issues that are within the responsibility of the collaborating councils. ~~COUNCIL ON DENTAL EDUCATION AND LICENSURE. The duties of the Council shall be to:~~

~~a. Act as the agency of the Association in matters related to the evaluation and accreditation of all dental educational, allied dental educational and associated subjects.~~

~~b. Study and make recommendations including the formulation and recommendation of policy on:~~

~~(1) Dental education, continuing dental education and allied dental education.~~

~~(2) The recognition of dental specialties.~~

~~(3) The recognition of interest areas in general dentistry, excluding ADA recognized specialties.~~

~~(4) The recognition of categories of allied dental personnel.~~

~~(5) The approval or disapproval of national certifying boards for dental specialties and for allied dental personnel.~~

~~(6) The educational and administrative standards of the certifying boards for dental specialties and for allied dental personnel.~~

~~(7) Associated subjects that affect all dental, allied dental and related education.~~

~~(8) Dental licensure and allied dental personnel credentialing.~~

~~(9) Dental anesthesiology, sedation and related matters.~~

~~c. Act on behalf of this Association in maintaining effective liaison with certifying boards and related agencies for dental specialties and for allied dental personnel.~~

~~d. Monitor and disseminate information on continuing dental education and to encourage the provision of and participation in continuing dental education.~~

~~e. Monitor and disseminate information on careers in dentistry.~~

~~f. Act on behalf of this Association in matters related to dental admission testing.~~

~~F. COUNCIL ON DENTAL PRACTICE. The duties of the Council shall be to:~~

~~a. Formulate and recommend policies relating to dental practice.~~

~~b. Study, evaluate and disseminate information concerning various forms of business organization of a dental practice, economic factors related to dental practice, practice management techniques, auxiliary utilization and dental laboratory services to the end that dentists may continue to improve services to the public.~~

~~c. Develop educational and other programs to assist dentists in improved practice management, including practice marketing materials and continuing education seminars, and to assist constituent and component societies and other dental organizations in the development of such programs so that dentists may continue to improve the delivery of their services to the public.~~

~~d. Encourage and develop satisfactory relations with the dental laboratory industry and craft by aiding in the formation and support of educational programs and appropriate collaborative efforts that help establish and maintain the greatest efficiency and quality of service by the laboratory industry.~~

~~e. Encourage and develop satisfactory relations with the various organizations representing dental auxiliaries.~~

~~f. Gather, formulate and disseminate information related to auxiliary utilization, management and employment practices.~~

~~g. Serve in a consultative capacity to those educational and promotional activities directed to the public and the profession and to assess their impact on dental practice.~~

~~h. Provide assistance, education and information on issues related to dentists' well being.~~

~~i. Encourage and coordinate the development and improvement of national and international standardization programs for dental informatics.~~

~~G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The duties of the Council shall be to:~~

~~a. Consider proposals for amending the *Principles of Ethics and Code of Professional Conduct*.~~

~~b. Provide advisory opinions regarding the interpretation of the *Principles of Ethics and Code of Professional Conduct*.~~

~~c. Consider appeals from members of the Association, or from component societies subject to the requirements of Chapter XII, Section 20 of these *Bylaws*.~~

~~d. Hold hearings and render decisions in disputes arising between constituent societies or between constituent and component societies.~~

~~e. Hold hearings, render decisions and impose discipline in matters involving alleged violations of the Association's Member Conduct Policy as provided in Chapter XIII of these *Bylaws*.~~

~~f. Discipline any of the direct members of this Association in accordance with the requirements and procedures of Chapter XII of these Bylaws, using hearing panels composed of not less than three (3) of its elected members selected by the Council chair. The Council may adopt procedures governing the discipline of direct members of this Association consistent with Chapter XII of these Bylaws, which may include the use of an investigating committee or individual to investigate any complaint made against such member and report findings to the hearing panel concerning whether charges should issue.~~

~~g. Review the articles of the *Constitution and Bylaws* in order to keep them consistent with the Association's program.~~

~~h. Recommend editorial changes in the *Constitution and Bylaws* to improve their consistency, clarity and style.~~

~~i. Notwithstanding paragraph g of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, change syntax, delete moot material and make similar editorial corrections in the *Bylaws* which do not alter its context or meaning. Such corrections shall be made only by a unanimous vote of the Council members present and voting.~~

~~j. Review the rules and bylaws of all commissions of the Association in order to keep such rules and bylaws consistent with the *Constitution and Bylaws* of this Association.~~

~~k. Act as the Standing Committee on Constitution and Bylaws of the House of Delegates, with the composition of such committee to be determined in accordance with Chapter V, Section 140A of these *Bylaws*, and to conduct other business it deems necessary.~~

~~l. Provide guidance and advice on ethical and professional issues to constituent and component societies.~~

~~m. Formulate and disseminate materials related to ethical and professional conduct in the practice and promotion of dentistry.~~

~~H. COUNCIL ON GOVERNMENT AFFAIRS. The duties of the Council shall be to:~~

~~a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities.~~

~~b. Formulate and recommend policies related to legislative and regulatory issues and to governmental agency programs.~~

~~c. Formulate proposed legislation, approved by the Board of Trustees, that may be submitted to Congress and which will promote the art and science of dentistry in accordance with Association policies.~~

~~d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public.~~

~~e. Serve and assist the American Dental Association as a liaison with agencies of the federal government.~~

~~f. Advise other Association agencies charged with developing, recommending and/or implementing legislative policies adopted by the House of Delegates.~~

~~g. Serve as liaison for the American Dental Association with those agencies of the federal government which employ dental personnel and have dental care programs.~~

~~h. Formulate and recommend policies which are designed to advance the professional status of federally employed dentists.~~

~~I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS. The duties of the Council shall be to:~~

~~a. Evaluate on a continuing basis all Association sponsored insurance programs.~~

~~b. Examine and evaluate other insurance programs that might be of benefit to the membership.~~

~~c. Advise and recommend courses of action on insurance programs.~~

~~d. Assist constituent societies in matters related to insurance programs.~~

~~e. Advise and recommend courses of action on retirement programs.~~

~~f. Aid dentists in the management of their personal and professional risks through educational activities, informational programs and services.~~

~~J. COUNCIL ON MEMBERSHIP. Except as otherwise provided in these Bylaws, the duties of the Council shall be to:~~

~~a. Formulate and recommend policies related to membership recruitment and retention and other related issues.~~

~~b. Identify and monitor trends and issues that affect membership recruitment and retention, particularly among under-represented segments, and to encourage membership involvement throughout organized dentistry.~~

~~c. Support, monitor and encourage membership activities of constituent and component dental societies and to enhance cooperation and communication on tripartite recruitment and retention efforts.~~

~~d. Recommend, monitor and support the development of membership benefits and services that respond to identified needs of members.~~

~~e. Act as an advocate for membership benefits.~~

~~K. COUNCIL ON SCIENTIFIC AFFAIRS. The duties of the Council shall be to:~~

~~a. Develop and promote a biennial research agenda and propose an appropriate budget for studies that are recommended by the Council to be conducted by the ADA.~~

~~b. Identify emergent issues and areas of research that require response from the research community.~~

~~c. Report results on the latest scientific developments to practicing dentists.~~

~~d. Evaluate and issue statements to the profession regarding the efficacy of concepts, procedures and techniques for use in the treatment of patients.~~

~~e. Represent the Association on scientific and research matters, promote evidence-based practice, and maintain liaison with related regulatory, research and professional organizations.~~

~~f. Encourage the development and improvement of materials, instruments and equipment for use in dental practice, and to coordinate development of national and international standardization programs for dental products.~~

~~g. Determine the safety and effectiveness of, and disseminate information on, materials, instruments and equipment that are offered to the public or the profession and further critically evaluate statements of efficacy and advertising claims.~~

~~h. Study, evaluate and disseminate information with regard to the proper use of dental therapeutic agents, their adjuncts and dental cosmetic agents that are offered to the public or the profession.~~

~~i. Award the American Dental Association Seal of Acceptance to dental products that meet the Association's requirements for acceptance.~~

~~j. Promote efforts to develop dental research workforce and to involve students in dental research.~~

~~k. Study, evaluate and disseminate information on those aspects of the dental practice environment related to the health of the public, dentists and allied dental personnel.~~

~~l. Serve as the primary resource for scientific inquiries from the public and the profession.~~

~~m. Guide, assist and collaborate with the ADA Center for Evidence-Based Dentistry.~~

and be it further

Resolved, that CHAPTER X. COUNCILS, of the ADA *Bylaws* be amended by adding a new *Section 130.* AREAS OF RESPONSIBILITY as follows (additions underscored):

Section 130. AREAS OF RESPONSIBILITY:

A. COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS. The areas of subject matter responsibility of the Council shall be:
a. Oral Health Literacy;
b. Oral Disease Prevention and Intervention;
c. Interprofessional Relations;
d. Access to Oral Healthcare; and
e. Community Oral Health.

B. COUNCIL ON ADA SESSIONS. The areas of subject matter responsibility of the Council shall be:
a. The conduct of the annual session of the Association, except the House of Delegates, subject to the approval of the Board of Trustees as provided in the ADA *Bylaws*; and
b. Plan and coordinate other Association sessions or regional meetings.

C. COUNCIL ON COMMUNICATIONS. The areas of subject matter responsibility of the Council shall be:
a. Advise on the management of the Association's reputation;
b. Develop, recommend and maintain ADA strategic communications plans;
c. Advise ADA agencies on branding;
d. Advise on prioritization and allocation of communications resources; and
e. Advise on communications and marketing for state and local dental societies, upon request.

D. COUNCIL ON DENTAL BENEFIT PROGRAMS. The areas of subject matter responsibility of the Council shall be:
a. Administration and financing of all dental benefit programs including both commercial and public programs;
b. Dental Quality Alliance;
c. Monitoring of quality reporting activities of third party payers;
d. Peer review programs;
e. Code sets and code taxonomies including but not limited to procedure and diagnostic codes;
f. Electronic and paper dental claim content and completion instructions; and
g. Standards pertaining to the capture and exchange of information used in dental benefit plan administration and reimbursement for services rendered.

E. COUNCIL ON DENTAL EDUCATION AND LICENSURE. The areas of subject matter responsibility of the Council shall be:

a. Dental, advanced dental and allied dental education and accreditation;
b. Recognition of dental specialties and interest areas in general dentistry;
c. Dental anesthesiology and sedation;
d. Dental admission testing;
e. Licensure;
f. Certifying boards and credentialing for specialists and allied dental personnel; and
g. Continuing dental education.

F. COUNCIL ON DENTAL PRACTICE. The areas of subject matter responsibility of the Council shall be:
a. Dental Practice, including:
(1) Dental practice management;
(2) Practice models and economics;
(3) Scope of practice;
(4) Impact of and compliance with regulatory mandates; and
(5) Assessment of initiatives directed to the public and the profession;
b. Allied Dental Personnel, including:
(1) Utilization, management and employment practices; and
(2) Liaison relationships with organizations representing allied dental personnel;
c. Dentist Health and Wellness, including:
(1) Dental professional well-being, wellness and ergonomics;
(2) Patient safety and wellness; and
(3) Liaison relationships with state well-being programs and related national organizations;
d. Dental Informatics and Standards for Electronic Technologies; and
e. Activities and Resources Directed to the Success of the Dental Practice and the Member.

G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The areas of subject matter responsibility of the Council shall be:
a. Ethics and professionalism, including disciplinary matters relating thereto;
b.The *Constitution and Bylaws* of this Association, including:
(1) Review of the constitutions and bylaws of state and local societies to ensure consistency with the Association's *Bylaws*; and
(2) Correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot material where such revisions do not alter the material's context or meaning in the Bylaws and the ADA Procedures for Member Disciplinary Hearings and Appeals upon the unanimous vote of the Council members present and voting; and
c.Acting as the Standing Committee of Constitution and Bylaws of the House of Delegates pursuant to CHAPTER V. *Section* 140.A. of the *Bylaws*.

H. COUNCIL ON GOVERNMENT AFFAIRS. The areas of subject matter responsibility of the Council shall be:
a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities;
b. Formulate and recommend legislation, regulatory activity, policies and governmental programs relating to dentistry and oral health for submission to Congress;
c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate polices which are designed to advance the professional status of federally employed dentists; and
d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public.

I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS. The areas of subject matter responsibility of the Council shall be:

a. Insurance and retirement plan products and resources; and
b. Risk management education programs and resources.

J. COUNCIL ON MEMBERSHIP. The areas of subject matter responsibility of the Council shall be:
a. Membership recruitment and retention and related issues;
b. Monitor and provide support and assistance for the membership activities of constituent and component dental societies; and
c. Membership benefits and services.

K. COUNCIL ON SCIENTIFIC AFFAIRS. The areas of subject matter responsibility of the Council shall be:
a. Science and scientific research, including:
(1) Evidence-based dentistry;
(2) Evaluation of professional products;
(3) Promulgation of a biennial research agenda; and
(4) Promotion of student involvement in dental research;
b. Scientific aspects of the dental practice environment related to the health of the public, dentists and allied health personnel;
c. Standards development for dental products;
d. The safety and efficacy of concepts, procedures and techniques for use in the treatment of patients;
e. Liaison relationships with scientific regulatory, research and professional organizations and science-related agencies of professional healthcare organizations; and
f. The ADA Seal of Acceptance program.

APPENDIX 2

CHAPTER X. COUNCILS

* * * * *

Section 120. DUTIES: Each council listed in *Section 10* of this Chapter shall have the following duties with respect to the subject matters for which each council is responsible as listed in *Section 130* of this Chapter:

A. Define, develop and oversee programming and projects that support and advance the strategic plan of the Association;
B. Consider and investigate emerging issues;
C. Respond to directives received from the House of Delegates or the Board of Trustees;
D. Propose new policies and rescission of and amendments to existing policies for consideration by the House of Delegates; and
E. Collaborate with other agencies on initiatives or issues that are within the responsibility of the collaborating councils.

Section 130. AREAS OF RESPONSIBILITY:

A. COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS. The areas of subject matter responsibility of the Council shall be:
a. Oral Health Literacy;
b. Oral Disease Prevention and Intervention;
c. Interprofessional Relations;
d. Access to Oral Healthcare; and
e. Community Oral Health.

B. COUNCIL ON ADA SESSIONS. The areas of subject matter responsibility of the Council shall be:
a. The conduct of the annual session of the Association, except the House of Delegates, subject to the approval of the Board of Trustees as provided in the ADA *Bylaws*; and
b. Plan and coordinate other Association sessions or regional meetings.

C. COUNCIL ON COMMUNICATIONS. The areas of subject matter responsibility of the Council shall be:
a. Advise on the management of the Association's reputation;
b. Develop, recommend and maintain ADA strategic communications plans;
c. Advise ADA agencies on branding;
d. Advise on prioritization and allocation of communications resources; and
e. Advise on communications and marketing for state and local dental societies, upon request.

D. COUNCIL ON DENTAL BENEFIT PROGRAMS. The areas of subject matter responsibility of the Council shall be:
a. Administration and financing of all dental benefit programs including both commercial and public programs;
b. Dental Quality Alliance;
c. Monitoring of quality reporting activities of third party payers;
d. Peer review programs;
e. Code sets and code taxonomies including but not limited to procedure and diagnostic codes;
f. Electronic and paper dental claim content and completion instructions; and
g. Standards pertaining to the capture and exchange of information used in dental benefit plan administration and reimbursement for services rendered.

E. COUNCIL ON DENTAL EDUCATION AND LICENSURE. The areas of subject matter responsibility of the Council shall be:

a. Dental, advanced dental and allied dental education and accreditation;
b. Recognition of dental specialties and interest areas in general dentistry;
c. Dental anesthesiology and sedation;
d. Dental admission testing;
e. Licensure;
f. Certifying boards and credentialing for specialists and allied dental personnel; and
g. Continuing dental education.

F. COUNCIL ON DENTAL PRACTICE. The areas of subject matter responsibility of the Council shall be:

a. Dental Practice, including:
(1) Dental practice management;
(2) Practice models and economics;
(3) Scope of practice;
(4) Impact of and compliance with regulatory mandates; and
(5) Assessment of initiatives directed to the public and the profession;
b. Allied Dental Personnel, including:
(1) Utilization, management and employment practices; and
(2) Liaison relationships with organizations representing allied dental personnel;
c. Dentist Health and Wellness, including:
(1) Dental professional well-being, wellness and ergonomics;
(2) Patient safety and wellness; and
(3) Liaison relationships with state well-being programs and related national organizations;
d. Dental Informatics and Standards for Electronic Technologies; and
e. Activities and Resources Directed to the Success of the Dental Practice and the Member.

G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The areas of subject matter responsibility of the Council shall be:

a. Ethics and professionalism, including disciplinary matters relating thereto;
b. The *Constitution and Bylaws* of this Association, including:
(1) Review of the constitutions and bylaws of state and local societies to ensure consistency with the Association's *Bylaws*; and
(2) Correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot material where such revisions do not alter the material's context or meaning in the Bylaws and the ADA Procedures for Member Disciplinary Hearings and Appeals upon the unanimous vote of the Council members present and voting; and
c. Acting as the Standing Committee of Constitution and Bylaws of the House of Delegates pursuant to CHAPTER V. *Section* 140.A. of the *Bylaws*.

H. COUNCIL ON GOVERNMENT AFFAIRS. The areas of subject matter responsibility of the Council shall be:

a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities;
b. Formulate and recommend legislation, regulatory activity, policies and governmental programs relating to dentistry and oral health for submission to Congress;
c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate polices which are designed to advance the professional status of federally employed dentists; and
d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public.

I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS. The areas of subject matter responsibility of the Council shall be:

a. Insurance and retirement plan products and resources; and

b. Risk management education programs and resources.

J. COUNCIL ON MEMBERSHIP. The areas of subject matter responsibility of the Council shall be:

a. Membership recruitment and retention and related issues;

b. Monitor and provide support and assistance for the membership activities of constituent and component dental societies; and

c. Membership benefits and services.

K. COUNCIL ON SCIENTIFIC AFFAIRS. The areas of subject matter responsibility of the Council shall be:

a. Science and scientific research, including:

(1) Evidence-based dentistry;

(2) Evaluation of professional products;

(3) Promulgation of a biennial research agenda; and

(4) Promotion of student involvement in dental research;

b. Scientific aspects of the dental practice environment related to the health of the public, dentists and allied health personnel;

c. Standards development for dental products;

d. The safety and efficacy of concepts, procedures and techniques for use in the treatment of patients;

e. Liaison relationships with scientific regulatory, research and professional organizations and science-related agencies of professional healthcare organizations; and

f. The ADA Seal of Acceptance program.

APPENDIX 3

Comparison of Current Bylaws Duties to Proposed Areas of Responsibility

The following chart is provided to indicate that all council duties currently found in Chapter X., Section 120 of the ADA Bylaws are carried over into the areas of responsibility proposed by new Section 130.*

This chart has been reviewed and approved by representatives of each of the councils.

Current Council Bylaws Duties, Chapter X, Section 120	Proposed Council Areas of Responsibility, Chapter X, Section 130
A. COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS	**A. COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS**
a. Evaluate for the ADA trends in dental public health and access to care that enhance community oral health.	e. Community Oral Health
b. Recommend policies, advise other ADA agencies and develop programs relating to access to care; population-based prevention, including community water fluoridation; and interprofessional relations.	b. Oral Disease Prevention and Intervention c. Interprofessional Relations d. Access to Oral Healthcare
c. Provide advice and technical assistance to constituencies and communities to assess community oral health needs; develop coalitions and partnerships; and design, implement and evaluate programs to meet community oral health needs.	e. Community Oral Health
d. Recommend policies, advise constituencies and communities, provide technical assistance and develop programs focused on building community oral health infrastructure and capacity, reducing oral health disparities and increasing access to care.	d. Access to Oral Healthcare e. Community Oral Health
e. Collaborate with internal and external stakeholders to create advocacy strategies regarding access to care, population-based prevention and interprofessional relations.	b. Oral Disease Prevention and Intervention c. Interprofessional Relations d. Access to Oral Healthcare
f. Promote community outreach, cultural competence and oral health literacy.	a. Oral Health Literacy

* The exceptions are (a) Due to the relevance and importance of the Dental Quality Alliance to The Joint Commission, its corporate members and other national health care organizations, the duty to liaise with those groups bas been ceded to the Council on Dental Benefit Programs by the Council on Access, Prevention and Interprofessional Relations (*see* the chart entry for Chapter X., Section 120.A.h.); and (b) the Council on Dental Education and Licensure's (CDEL) duty of monitor and disseminating information on careers in dentistry under Chapter X., Section 120.E.e. of the *Bylaws*. As noted in the chart, that responsibility was sunset in 2012.

	b. Oral Disease Prevention and Intervention d. Access to Oral Healthcare
g. Foster and maintain liaisons with external stakeholders regarding population-based prevention and intervention strategies to improve oral health.	b. Oral Disease Prevention and Intervention c. Interprofessional Relations
h. Serve as liaison for the ADA with The Joint Commission and with The Joint Commission's corporate members and other national health care organizations.	Due to the relevance of the Dental Quality Alliance for The Joint Commission and its corporate members and other national health care organizations, this liaison relationship has been moved from CAPIR to the Council for Dental Benefit Programs.
i. Recommend policies and formulate programs on issues pertaining to the relationship of dentistry to medicine, including interdisciplinary patient management, dentist-physician relations, oral health needs of patients with complex medical conditions and the oral-systemic relationship.	c. Interprofessional Relations
j. Conduct activities to improve the health outcomes of patients requiring cooperative dental-medical management in hospitals, including active medical staff membership and clinical privileges, in ambulatory care centers, long-term care facilities and other interdisciplinary health care settings.	b. Oral Disease Prevention and Intervention c. Interprofessional Relations
k. Plan, develop, implement and evaluate programs that support the ADA's commitment to optimal oral health for all.	b. Oral Disease Prevention and Intervention
B. COUNCIL ON ADA SESSIONS	**B. COUNCIL ON ADA SESSIONS**
a. Have responsibility for conducting the annual session of this Association, except the House of Delegates, subject to approval by the Board of Trustees as provided in these *Bylaws*.	a. The conduct of the annual session of the Association, except the House of Delegates, subject to the approval of the Board of Trustees as provided in the ADA Bylaws
b. Plan and coordinate other Association sessions or regional meetings.	b. Plan and coordinate other Association sessions or regional meetings
C. COUNCIL ON COMMUNICATIONS	**C. COUNCIL ON COMMUNICATIONS**
a. Identify, recommend, and maintain a strategic communications plan for the Association.	b. Develop, recommend and maintain ADA strategic communications plans
b. Advise on the reputation management of the Association, provide strategic oversight and advise the Association on the image and brand	a. Advise on the management of the Association's reputation c. Advise ADA agencies on branding

implications of Association plans, programs, services and activities.	
c. Provide counsel to the Association on the priority and allocation of communication resources, to advise on their implications, and to identify the areas where the greatest strategic communications impact can be achieved.	d. Advise on prioritization and allocation of communications resources
d. Identify, recommend, articulate and maintain strategies for significant communications campaigns across the Association.	b. Develop, recommend and maintain ADA strategic communications plans
e. Serve as a strategic communications and brand management resource to other Association agencies.	b. Develop, recommend and maintain ADA strategic communications plans c. Advise ADA agencies on branding
f. Serve as a resource and to support communications and reputation management strategies for constituent and component dental societies.	e. Advise on communications and marketing for state and local dental societies, upon request
D. COUNCIL ON DENTAL BENEFIT PROGRAMS	**D. COUNCIL ON DENTAL BENEFIT PROGRAMS**
a. Formulate and recommend policies relating to the planning, administration and financing of dental benefit programs.	a. Administration and financing of all dental benefit programs including both commercial and public programs
b. Study, evaluate and disseminate information on the planning, administration and financing of dental benefit programs.	a. Administration and financing of all dental benefit programs including both commercial and public programs
c. Assist the constituent societies and other agencies in developing programs for the planning, administration and financing of dental benefit programs.	a. Administration and financing of all dental benefit programs including both commercial and public programs
d. Provide assistance, guidance and support to constituent and component societies in the development and management of professional review systems.	d. Peer review programs
e. Encourage the inclusion of dental benefits in health benefit plans and to promote dental benefit plans in accordance with Association policy.	a. Administration and financing of all dental benefit programs including both commercial and public programs
f. Conduct activities and formulate and recommend policies concerning the assessment and improvement of the quality of dental care relating to dental benefit plans.	b. Dental Quality Alliance c. Monitoring of quality reporting activities of third party payers

g. Formulate and maintain coding taxonomies, including but not limited to procedural and diagnostic codes that dentists can use to document patient care and to explore applications and opportunities for new coding taxonomies	e. Code sets and code taxonomies including but not limited to procedure and diagnostic codes Note that this activity is also part of the Council's duties under subsections A. and D. of the proposed revision to Chapter X., Section 120.
E. COUNCIL ON DENTAL EDUCATION AND LICENSURE	**E. COUNCIL ON DENTAL EDUCATION AND LICENSURE**
a. Act as the agency of the Association in matters related to the evaluation and accreditation of all dental educational, allied dental educational and associated subjects.	a. Dental, advanced dental and allied dental education and accreditation
b. Study and make recommendations including the formulation and recommendation of policy on:	
(1) Dental education, continuing dental education and allied dental education.	a. Dental, advanced dental and allied dental education and accreditation g. Continuing dental education
(2) The recognition of dental specialties.	b. Recognition of dental specialties and interest areas in general dentistry
(3) The recognition of interest areas in general dentistry, excluding ADA recognized specialties.	b. Recognition of dental specialties and interest areas in general dentistry
(4) The recognition of categories of allied dental personnel.	a. Dental, advanced dental and allied dental education and accreditation
(5) The approval or disapproval of national certifying boards for dental specialties and for allied dental personnel.	f. Certifying boards and credentialing for specialists and allied dental personnel
(6) The educational and administrative standards of the certifying boards for dental specialties and for allied dental personnel.	f. Certifying boards and credentialing for specialists and allied dental personnel
(7) Associated subjects that affect all dental, allied dental and related education.	c. Dental anesthesiology and sedation d. Dental admission testing
(8) Dental licensure and allied dental personnel credentialing.	e. Licensure f. Certifying boards and credentialing for specialists and allied dental personnel

(9) Dental anesthesiology, sedation and related matters.	c. Dental anesthesiology and sedation
c. Act on behalf of this Association in maintaining effective liaison with certifying boards and related agencies for dental specialties and for allied dental personnel.	f. Certifying boards and credentialing for specialists and allied dental personnel
d. Monitor and disseminate information on continuing dental education and to encourage the provision of and participation in continuing dental education.	a. Dental, advanced dental and allied dental education and accreditation g. Continuing dental education
e. Monitor and disseminate information on careers in dentistry.	The Council on Dental Education and Licensure proposes to remove this area of responsibility from the Council's jurisdiction, as this task, including its financial allocation, was sunset in 2012.
f. Act on behalf of this Association in matters related to dental admission testing.	d. Dental admission testing
F. COUNCIL ON DENTAL PRACTICE	**F. COUNCIL ON DENTAL PRACTICE**
a. Formulate and recommend policies relating to dental practice.	a. Dental Practice, including (1) Dental practice management (2) Practice models and economics (3) Scope of practice (4) Impact of and compliance with regulatory mandates (5) Assessment of initiatives directed to the public and the profession e. Activities and Resources Directed to the Success of the Dental Practice and the Member
b. Study, evaluate and disseminate information concerning various forms of business organization of a dental practice, economic factors related to dental practice, practice management techniques, auxiliary utilization and dental laboratory services to the end that dentists may continue to improve services to the public.	a. Dental Practice, including (1) Dental practice management (2) Practice models and economics b. Allied Dental Personnel, including (1) Utilization, management and employment practices e. Activities and Resources Directed to the Success of the Dental Practice and the Member
c. Develop educational and other programs to	a. Dental Practice, including

assist dentists in improved practice management, including practice marketing materials and continuing education seminars, and to assist constituent and component societies and other dental organizations in the development of such programs so that dentists may continue to improve the delivery of their services to the public.	(1) Dental practice management (2) Practice models and economics (3) Scope of practice (4) Impact of and compliance with regulatory mandates (5) Assessment of initiatives directed to the public and the profession e. Activities and Resources Directed to the Success of the Dental Practice and the Member
d. Encourage and develop satisfactory relations with the dental laboratory industry and craft by aiding in the formation and support of educational programs and appropriate collaborative efforts that help establish and maintain the greatest efficiency and quality of service by the laboratory industry.	b. Allied Dental Personnel, including (2) Liaison relationships with organizations representing allied dental personnel
e. Encourage and develop satisfactory relations with the various organizations representing dental auxiliaries.	b. Allied Dental Personnel, including (2) Liaison relationships with organizations representing allied dental personnel
f. Gather, formulate and disseminate information related to auxiliary utilization, management and employment practices.	b. Allied Dental Personnel, including (1) Utilization, management and employment practices
g. Serve in a consultative capacity to those educational and promotional activities directed to the public and the profession and to assess their impact on dental practice.	a. Dental Practice, including (5) Assessment of initiatives directed to the public and the profession
h. Provide assistance, education and information on issues related to dentists' well being.	c. Dentist Health and Wellness, including (1) Dental professional well-being, wellness and ergonomics; (2) Patient safety and wellness; (3) Liaison relationships with state well-being programs and related national organizations
i. Encourage and coordinate the development and improvement of national and international standardization programs for dental informatics.	d. Dental Informatics and Standards for Electronic Technologies
G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS	**G. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS**

a. Consider proposals for amending the *Principles of Ethics and Code of Professional Conduct.*	a. Ethics and professionalism, including disciplinary matters relating thereto
b. Provide advisory opinions regarding the interpretation of the *Principles of Ethics and Code of Professional Conduct.*	a. Ethics and professionalism, including disciplinary matters relating thereto
c. Consider appeals from members of the Association, or from component societies subject to the requirements of Chapter XII, Section 20 of these *Bylaws*.	a. Ethics and professionalism, including disciplinary matters relating thereto
d. Hold hearings and render decisions in disputes arising between constituent societies or between constituent and component societies.	a. Ethics and professionalism, including disciplinary matters relating thereto
e. Hold hearings, render decisions and impose discipline in matters involving alleged violations of the Association's Member Conduct Policy as provided in Chapter XIII of these *Bylaws*.	a. Ethics and professionalism, including disciplinary matters relating thereto
f. Discipline any of the direct members of this Association in accordance with the requirements and procedures of Chapter XII of these *Bylaws*, using hearing panels composed of not less than three (3) of its elected members selected by the Council chair. The Council may adopt procedures governing the discipline of direct members of this Association consistent with Chapter XII of these *Bylaws*, which may include the use of an investigating committee or individual to investigate any complaint made against such member and report findings to the hearing panel concerning whether charges should issue.	a. Ethics and professionalism, including disciplinary matters relating thereto
g. Review the articles of the *Constitution and Bylaws* in order to keep them consistent with the Association's program.	b. The Constitution and Bylaws of this Association,
h. Recommend editorial changes in the *Constitution and Bylaws* to improve their consistency, clarity and style.	b. The Constitution and Bylaws of this Association, including (1) Review of the constitutions and bylaws of state and local societies to ensure consistency with the Association's Bylaws
i. Notwithstanding paragraph g of this subsection, the Council shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, change syntax, delete moot material and make	b. The Constitution and Bylaws of this Association, including (2) Correct punctuation, grammar, spelling and syntax, change names and gender references and delete moot material where such revisions

similar editorial corrections in the *Bylaws* which do not alter its context or meaning. Such corrections shall be made only by a unanimous vote of the Council members present and voting.	do not alter the material's context or meaning in the Bylaws and the ADA Procedures for Member Disciplinary Hearings and Appeals upon the unanimous vote of the Council members present and voting
j. Review the rules and bylaws of all commissions of the Association in order to keep such rules and bylaws consistent with the *Constitution and Bylaws* of this Association.	b. The Constitution and Bylaws of this Association
k. Act as the Standing Committee on Constitution and Bylaws of the House of Delegates, with the composition of such committee to be determined in accordance with Chapter V, Section 140A of these *Bylaws*, and to conduct other business it deems necessary.	c. Acting as the Standing Committee of Constitution and Bylaws of the House of Delegates pursuant to CHAPTER V. Section 140.A. of the Bylaws
l. Provide guidance and advice on ethical and professional issues to constituent and component societies.	a. Ethics and professionalism, including disciplinary matters relating thereto
m. Formulate and disseminate materials related to ethical and professional conduct in the practice and promotion of dentistry.	a. Ethics and professionalism, including disciplinary matters relating thereto
H. COUNCIL ON GOVERNMENT AFFAIRS	**H. COUNCIL ON GOVERNMENT AFFAIRS**
a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities.	a. Encourage the improvement of the health of the public and to promote the art and science of dentistry in matters of legislation and regulations by appropriate activities
b. Formulate and recommend policies related to legislative and regulatory issues and to governmental agency programs.	b. Formulate and recommend legislation, regulatory activity, policies and governmental programs relating to dentistry and oral health for submission to Congress
c. Formulate proposed legislation, approved by the Board of Trustees, that may be submitted to Congress and which will promote the art and science of dentistry in accordance with Association policies.	b. Formulate and recommend legislation, regulatory activity, policies and governmental programs relating to dentistry and oral health for submission to Congress
d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public.	d. Disseminate information which will assist the constituent and component societies involving legislation and regulation affecting the dental health of the public
e. Serve and assist the American Dental Association as a liaison with agencies of the federal government.	c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate polices which are designed to advance the professional status of federally employed dentists

f. Advise other Association agencies charged with developing, recommending and/or implementing legislative policies adopted by the House of Delegates.	b. Formulate and recommend legislation, regulatory activity, policies and governmental programs relating to dentistry and oral health for submission to Congress
g. Serve as liaison for the American Dental Association with those agencies of the federal government which employ dental personnel and have dental care programs.	c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate polices which are designed to advance the professional status of federally employed dentists
h. Formulate and recommend policies which are designed to advance the professional status of federally employed dentists.	c. Serve and assist as liaison with those agencies of the federal government which employ dental personnel or have dental care programs, and formulate polices which are designed to advance the professional status of federally employed dentists
I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS	**I. COUNCIL ON MEMBERS INSURANCE AND RETIREMENT PROGRAMS**
a. Evaluate on a continuing basis all Association sponsored insurance programs.	a. Insurance and retirement plan products and resources
b. Examine and evaluate other insurance programs that might be of benefit to the membership.	a. Insurance and retirement plan products and resources
c. Advise and recommend courses of action on insurance programs.	a. Insurance and retirement plan products and resources
d. Assist constituent societies in matters related to insurance programs.	a. Insurance and retirement plan products and resources
e. Advise and recommend courses of action on retirement programs.	a. Insurance and retirement plan products and resources
f. Aid dentists in the management of their personal and professional risks through educational activities, informational programs and services.	b. Risk management education programs and resources
J. COUNCIL ON MEMBERSHIP	**J. COUNCIL ON MEMBERSHIP**
a. Formulate and recommend policies related to membership recruitment and retention and other related issues.	a. Membership recruitment and retention and related issues
b. Identify and monitor trends and issues that affect membership recruitment and retention, particularly among under-represented segments, and to encourage membership involvement throughout organized dentistry.	a. Membership recruitment and retention and related issues

c. Support, monitor and encourage membership activities of constituent and component dental societies and to enhance cooperation and communication on tripartite recruitment and retention efforts.	b. Monitor and provide support and assistance for the membership activities of constituent and component dental societies
d. Recommend, monitor and support the development of membership benefits and services that respond to identified needs of members.	c. Membership benefits and services
e. Act as an advocate for membership benefits.	c. Membership benefits and services.
K. COUNCIL ON SCIENTIFIC AFFAIRS.	**K. COUNCIL ON SCIENTIFIC AFFAIRS.**
a. Develop and promote a biennial research agenda and propose an appropriate budget for studies that are recommended by the Council to be conducted by the ADA.	a. Science and scientific research, including (3) Promulgation of a biennial research agenda
b. Identify emergent issues and areas of research that require response from the research community.	a. Science and scientific research
c. Report results on the latest scientific developments to practicing dentists.	a. Science and scientific research
d. Evaluate and issue statements to the profession regarding the efficacy of concepts, procedures and techniques for use in the treatment of patients.	d. The safety and efficacy of concepts, procedures and techniques for use in the treatment of patients
e. Represent the Association on scientific and research matters, promote evidence-based practice, and maintain liaison with related regulatory, research and professional organizations.	e. Liaison relationships with scientific regulatory, research and professional organizations and science-related agencies of professional healthcare organizations
f. Encourage the development and improvement of materials, instruments and equipment for use in dental practice, and to coordinate development of national and international standardization programs for dental products.	b. Scientific aspects of the dental practice environment related to the health of the public, dentists and allied health personnel c. Standards development for dental products
g. Determine the safety and effectiveness of, and disseminate information on, materials, instruments and equipment that are offered to the public or the profession and further critically evaluate statements of efficacy and advertising claims.	a. Science and scientific research, including: (2) Evaluation of professional products f. The ADA Seal of Acceptance program
h. Study, evaluate and disseminate information with regard to the proper use of dental therapeutic agents, their adjuncts and dental	a. Science and scientific research, including: (2) Evaluation of professional products

cosmetic agents that are offered to the public or the profession.	d. The safety and efficacy of concepts, procedures and techniques for use in the treatment of patients f. The ADA Seal of Acceptance program
i. Award the American Dental Association Seal of Acceptance to dental products that meet the Association's requirements for acceptance.	f. The ADA Seal of Acceptance program
j. Promote efforts to develop dental research workforce and to involve students in dental research.	a. Science and scientific research, including (4) Promotion of student involvement in dental research
k. Study, evaluate and disseminate information on those aspects of the dental practice environment related to the health of the public, dentists and allied dental personnel.	b. Scientific aspects of the dental practice environment related to the health of the public, dentists and allied health personnel
l. Serve as the primary resource for scientific inquiries from the public and the profession.	a. Science and scientific research b. Scientific aspects of the dental practice environment related to the health of the public, dentists and allied health personnel
m. Guide, assist and collaborate with the ADA Center for Evidence-Based Dentistry.	a. Science and scientific research, including (1) Evidence-based dentistry

Resolution No. 35 New

Report: N/A Date Submitted: August 2015

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

AMENDMENT OF CHAPTERS XII AND XIII OF THE ADA BYLAWS TO ADD THE OPTION OF A NON-DISCIPLINARY ACTION

Background: *(Reports*:67*).*

Resolutions 25-2014 and 26-2014, Amendment of Chapters XII and XIII of the ADA Bylaws to Add the Option of a Non-Disciplinary Action: By way of Resolutions 25 and 26, the Council proposed to the 2014 House of Delegates adding a non-disciplinary action to Chapter XII and Chapter XIII of the ADA *Bylaws*. The resolutions were originally submitted to allow for non-disciplinary actions in instances where minor technical ethical violations are found or where extenuating circumstances exist that make imposing a disciplinary penalty unduly harsh. The House of Delegates voted to refer the two resolutions back to the Council for further investigation. The Council understands the reasons behind the referral to be: (1) the use of the term "letter of counsel" which is also used by the Armed Forces, (2) to reconsider if the member receiving the non-disciplinary action should have the ability to appeal the issuance of the action, and (3) that the non-disciplinary action might be discoverable.

On referral, the Council amended the original resolutions and believes that the amendments address each of the issues listed in the preceding paragraph:

- The name "Reminder of Obligation" provides a description of what the non-disciplinary action is intended to convey - a reminder that certain ethical or policy obligations exist for members of the Association. The Council does not believe that the term "Reminder of Obligation" carries any negative connotations.

- The amendments are silent on the issue of a response to the non-disciplinary action.

- Although it would be possible for records kept by the Council to be discovered in response to a properly framed subpoena being issued and validly served upon the ADA, the Council deems that possibility to be remote. By its very definition, a Reminder of Obligation is a non-disciplinary action taken in response to a minor infraction of the ADA *Code* or Member Conduct Policy; it is contemplated that it would take the form of a private communication (a letter) sent by the Council to the member receiving the Reminder of Obligation. Moreover, because of the confidential nature of the communication, the only record that the ADA would have of the Reminder of Obligation would be a single copy of the private communication in the files of the Council; no additional copies of the communication would be made or provided to any other ADA agency and no copy or other notation of the reminder would be placed in the member's membership records. To further diminish the risk

of discovery, the revised resolution proposes to amend the ADA Procedures for Member Disciplinary Hearings and Appeals to require that the file copy of a Reminder of Obligation be deleted from the Council's records six (6) months after issuance.

As a result of the referral and reconsideration of Resolutions 25 and 26-2014, the Council recommends that the following resolution be adopted:

Resolution

35. Resolved, that CHAPTER XII. PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE, *Section 20*. DISCIPLINE OF MEMBERS of the ADA *Bylaws* be amended by the addition of a new subsection C. as follows (additions underscored):

C. REMINDER OF OBLIGATION. In appropriate circumstances, a constituent or component society or, in the case of direct members, this Association, may issue a reminder of obligation to a member where the member may have committed a relatively minor infraction of the ADA *Bylaws*, the *Principles of Ethics and Code of Professional Conduct* or the bylaws or code of ethics of a constituent or component society of which the accused is a member. Such a reminder of obligation is not a disciplinary penalty but is a private administrative action and no record of the issuance of a reminder of obligation shall be placed in the member's membership records.

and be it further

Resolved, that the remaining subsections of CHAPTER XII. PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE, *Section 20*. DISCIPLINE OF MEMBERS of the ADA *Bylaws* be relettered accordingly, and be it further

Resolved, that CHAPTER XIII. PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY, *Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS of the ADA *Bylaws* be amended by the addition of a new subsection C. as follows (additions underscored):

C. REMINDER OF OBLIGATION. In appropriate circumstances, this Association, through the Council on Ethics, Bylaws and Judicial Affairs, may issue a reminder of obligation to a member where the member may have committed a relatively minor infraction of the ADA Member Conduct Policy or engaged in conduct to which the ADA Member Conduct Policy might apply. Such a reminder of obligation is not a disciplinary penalty but is a private administrative action and no record of the issuance of a reminder of obligation shall be placed in the member's membership records.

and be it further

Resolved, that the remaining subsections of CHAPTER XIII. PROCEDURES AND HEARINGS RELATING TO MEMBER CONDUCT POLICY, *Section 20*. DISCIPLINARY PROCEDURES AND HEARINGS of the ADA *Bylaws* be relettered accordingly, and be it further

Resolved, that the title of the ADA PROCEDURES FOR MEMBER DISCIPLINARY HEARINGS AND APPEALS be amended as follows (additions underscored):

ADA PROCEDURES FOR MEMBER DISCIPLINARY HEARINGS AND APPEALS AND THE ISSUANCE OF REMINDERS OF OBLIGATION

and be it further

Resolved, that a new chapter, Chapter V., be added to the end of the ADA Procedures for Member Disciplinary Hearings and Appeals as follows (additions underscored):

V. REMINDERS OF OBLIGATION

Because Reminders of Obligation issued pursuant to CHAPTER XII PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT, Section 20 DISCIPLINE OF MEMBERS, Subsection C. REMINDER OF OBLIGATION and CHAPTER XIII. PROCEDURES AND HEARINGS RELATED TO MEMBER CONDUCT POLICY, Section 20 DISCIPLINE OF MEMBERS, Subsection C. REMINDER OF OBLIGATION of the ADA *Bylaws* are private administrative actions and not disciplinary penalties, copies of such Reminders of Obligation shall only be kept by the Council on Ethics, Bylaws and Judicial Affairs for a period of six (6) months after issuance following which such copies shall be destroyed.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 42 New

Report: Board Report 6 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REPORT 6 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: BYLAWS REVISION WITH RESPECT TO RESOLUTIONS COMMITTEE

Background: The ADA *Bylaws* contain a provision relating to a standing committee of the House which appears redundant in light of the current practice of reference committees identifying their priority items, and potentially confuses the appropriate role of the Speaker. The relevant provision states as follows:

> Chapter V. HOUSE OF DELEGATES, Section 140. COMMITTEES, Subsection C. RESOLUTIONS COMMITTEE:
>
> a. COMPOSITION. The Resolutions Committee shall consist of the Speaker and the Secretary of the House of Delegates and the chairs of the reference committees authorized by subsection D of this Chapter.
> b. DUTIES. The duties of the Resolution Committee shall be to examine resolutions after action by the reference committees and arrange a sequence for House action based upon the importance of the resolutions' subject matter.

Specifically, the reference committees identify priority items as part of each committee's report to the House. This information is reviewed by the Speaker in setting the proposed order of business for the House. As needed, the Speaker consults with the Secretary and reference committee chairs as part of this process. However, the Resolutions Committee does not meet. Thus, the intent of the *Bylaws* provision is satisfied with input from the same persons identified in the existing *Bylaws*, but without a formal committee acting or necessary. Moreover, the Bylaws place the responsibility on the Speaker to "determine the order of business for all meetings subject to approval of the House of Delegates…." Chapter V, HOUSE OF DELEGATES, Section 110B, OFFICERS, DUTIES.

In short, the Board is of the opinion that the *Bylaws* provision relating to the Resolutions Committee should be deleted as unnecessary, with corresponding amendments elsewhere in the *Bylaws* and *Rules of the House of Delegates* to clarify the operations of the House. Accordingly, the Board proposes the following resolution for the House's consideration:

Resolution

42. Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section 140*. COMMITTEES, Subsection C. RESOLUTIONS COMMITTEE, of the ADA *Bylaws* be stricken in its entirety, and be it further

Resolved, that the remaining Subsections "D" and "E" of CHAPTER V. HOUSE OF DELEGATES, *Section 140.* COMMITTEES of the ADA *Bylaws* be relettered as "C" and "D" respectively, and be it further

Resolved, that the section of the *Rules of the House of Delegates* entitled "Meeting Schedule and Order of Business" be amended as follows (additions underscored, deletions ~~stricken through~~):

Meeting Schedule and Order of Business

Consistent with procedures established in the Manual of the House of Delegates, the Speaker and Secretary of the House are responsible for the day-to-day business of the House. Included are selection of the on-site location and facilities and determination of times for convening and adjourning each meeting, the order of business and the agenda, subject to the approval of the House. Any substantive consolidation or expansion of the meeting schedule can take place only with the prior approval of the House. The sequencing of resolutions, for House action, will be organized by the ~~Resolutions Committee (see Standing Committees)~~ Speaker of the House of Delegates, in consultation with the Secretary of the House of Delegates, as necessary.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 43 New

Report: Board Report 7 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: Not Applicable

REPORT 7 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: REVISION TO THE COMPOSITION OF THE ELECTION COMMISSION

Background: The Board received, considered and agreed with the following recommendation from the Election Commission. The responsibility for overseeing and adjudicating all issues of contested elections for ADA offices rests with the Election Commission. Currently, the Commission is composed of four members: the President-elect, the Immediate Past President and the chair and vice-chair of the Council on Ethics, Bylaws and Judicial Affairs (CEBJA), with the chair of CEBJA serving as the Commission chair. The Speaker of the House of Delegates serves as a consultant to the Election Commission. The provisions enabling the Election Commission adopted by the House of Delegates (88H-2012, as amended by 24H-2014) appear below:

> **Resolved,** that the Election Commission will be charged with overseeing and adjudicating all issues of contested elections for ADA offices, and be it further
>
> **Resolved,** that it shall be the duty of the Commission to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) meet with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) inform anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) refer any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs, and be it further
>
> **Resolved,** that the Election Commission will be composed of four members: the President-Elect, Immediate Past President, the chair of the Council on Ethics, Bylaws and Judicial Affairs and the vice-chair of the Council on Ethics, Bylaws and Judicial Affairs. In the event that one of the members is unavailable, a replacement member will be selected by the Council on Ethics, Bylaws and Judicial Affairs from among its members. The chair of the Council on Ethics, Bylaws and Judicial Affairs shall serve as chair. The Speaker will serve as a consultant to the Election Commission, without the right to vote.

As is explained below, a drawback in the composition of the Election Commission has been identified. Revising the composition of the Election Committee will address this drawback and alleviate the possibility for issues arising in the future.

Discussion: During the course of a contested President-elect campaign, the current President-elect, by virtue of service as a member of the Election Commission, will be interacting with candidates for President-elect, one of whom will assume the office of President-elect following the election and with whom the current President-elect will work closely during the ensuing year as President of the ADA. The interests of the ADA are best served if the President and President-elect have a relationship of mutual trust and respect as they carry out their duties to the Association.

A drawback of the President-elect serving on the Election Commission is the concern that if the Commission were to adopt a ruling on a campaign issue that is disliked by the candidate who wins the President-elect election, that fact might adversely affect the relationship between the new President-elect and the ADA President, who served on the Election Commission when the ruling was made. In addition, the potential for such an adverse outcome might impact the decision making of the President-elect during his or her tenure on the Election Commission.

Removing the President-elect as a member of the Election Commission would avoid the potential for this issue arising, but would carry the penalty of losing the recent knowledge of national campaigns that is held by the President-elect. It is believed that this issue can best be rectified by moving the President-elect from serving as a member of the Commission to serving as a consultant to the Commission. Such a change would alleviate the concerns with the President-elect taking part in decisions concerning the conduct of President-elect campaigns. It would, however, still allow the Election Commission to benefit from the President-elect's knowledge of and experience with a recent national campaign. The repositioning of the President-elect would still leave three voting members of the Commission, the Immediate Past President and the chair and vice-chair of CEBJA.

Therefore, adoption of the following resolution is recommended.

Resolution

43. Resolved, that Resolution 24H-2014, be amended as shown below (additions <u>underscored</u> and deletions ~~stricken through~~):

> **Resolved,** that the Election Commission will be charged with overseeing and adjudicating all issues of contested elections for ADA offices, and be it further
>
> **Resolved,** that it shall be the duty of the Commission to (1) oversee and adjudicate all issues of contested elections for ADA offices; (2) meet with all candidates to negotiate cost-effective agreements on campaign issues such as promotional activities and gifts (which are limited to campaign pins), campaign literature, travel and electronic and other communication methods; (3) receive summaries of campaign revenues and expenses from candidates for all ADA elective offices; (4) inform anyone identified as being under a disciplinary sentence of suspension or probation for violating his or her duties to the constituent society within whose jurisdiction the member practices or to this Association that they are ineligible to seek elective or appointive office while under that disciplinary sentence; and (5) refer any dispute of eligibility to the Council on Ethics, Bylaws and Judicial Affairs, and be it further

Resolved, that the Election Commission will be composed of ~~four~~ three members: the ~~President-Elect,~~ the Immediate Past President, the chair of the Council on Ethics, Bylaws and Judicial Affairs and the vice-chair of the Council on Ethics, Bylaws and Judicial Affairs. In the event that one of the members is unavailable, a replacement member will be selected by the Council on Ethics, Bylaws and Judicial Affairs from among its members. The chair of the Council on Ethics, Bylaws and Judicial Affairs shall serve as chair. The Speaker and the President-elect will serve as ~~a~~ consultants to the Election Commission, without the right to vote.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 48 New

Report: N/A Date Submitted: July 28, 2015

Submitted By: Second Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $100,000 Net Dues Impact: 0.95

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

SEATING OF CONSTITUENT AND COMPONENT SOCIETY EXECUTIVE DIRECTORS IN THE ALTERNATE DELEGATE SECTION OF THE AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES

Background: The following resolution was adopted by the Second Trustee District and transmitted on July 28, 2015, by Dr. Mark J. Feldman, executive director.

Currently the constituent and component executive directors (EDs) who attend the Annual Session of the American Dental Association (ADA) and are not seated on the floor of the House, are only permitted to sit in the guest section at House of Delegates meetings. It is the opinion of the Second Trustee District that if the ADA truly believes in its new agenda promoting the "Power of Three," then these important individuals need to be more completely included in the House of Delegate annual session. Many times they have a far more in-depth knowledge of the history and facts related to the resolutions being discussed than the younger delegates and alternate delegates who are voting. To separate the EDs from their delegations makes no sense. Moreover, by doing so, the members of the House of Delegates lose a valuable resource. In fact, many EDs choose not to attend the Annual Session because they are not included. They should be encouraged to attend the Annual Session.

In addition, in years gone by, when there was a Mega-Topic discussion executive directors have not been invited to participate. In recent memory the focus of such sessions has included among other things, membership, a topic EDs were probably more knowledgeable about than most. The problems associated with declining membership and any recommendations to be made by the House to address that issue would be directly dealt with by them on a day-to-day basis. For these reasons, the EDs should be invited and encouraged to participate in Mega-Topic discussions when they are held.

Therefore the following resolution is proposed for consideration by the 2015 House of Delegates:

Resolution

48. Resolved, all constituent and component society executive directors attending the ADA Annual Session, who are not currently seated on the floor of the House of Delegates, be issued a pass that would allow them to be seated in the alternate delegate section together with their respective trustee districts, and be it further

Resolved, that the constituent and component society executive directors be invited to attend any Mega-Topic discussions when they are to be held.

BOARD COMMENT: The Board appreciates the intent behind the resolution but notes that there are over 500 component societies and it is not possible to guarantee seats for every component executive director (or equivalent volunteer leader in unstaffed components), at least not without jeopardizing seating for alternate delegates or significantly increasing the space required for the House of Delegates. In addition, this expansion would require the Association to purchase additional tables (this is the source of the financial implication). The Association is already taking steps to allow component leaders to sit in the alternate section of the House by providing each district caucus chair the option to obtain up to four additional passes for the alternate section of the House. This will not require purchase of additional tables. Use of these passes and space in the alternate section will be monitored this year. Additional passes may be available in following years. As for the Mega-Topic, no session is planned this year. The Board believes that tickets should be distributed through the caucus chairs for any future Mega-Topic, to be distributed as each district prefers. Accordingly, because the intent of the resolution is already being addressed, the Board recommends a No vote.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 48

ASAI	No	DOW	Yes	JEFFERS	No	STEVENS	Yes
BITTER	No	FAIR	Yes	KWASNY	No	SUMMERHAYS	No
BUCKENHEIMER	Yes	GAMBA	Yes	ROBERTS	No	YONEMOTO	Yes
COLE	No	GEHANI	Yes	ROBINSON	No	ZENK	No
CROWLEY	No	ISRAELSON	Yes	SHENKIN	No	ZUST	Yes

Resolution No. 49-52 New

Report: Board Report 10 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

REPORT 10 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: REDUCING ADDED SUGAR CONSUMPTION AS A MEANS TO REDUCE DENTAL CARIES RISK

Background: At its March 2015 meeting, the ADA Board of Trustees adopted Resolution B-26-2015, which called for an interagency workgroup to develop a policy statement for consideration by the 2015 House of Delegates about reducing sugar consumption as a means of reducing dental caries risk.

Recognizing the potential negative effects over consumption of added sugar can have on overall health, including dental health, the Board stressed the importance of addressing the issue of added sugar consumption by the American public and noted that increased added sugar consumption by the U.S. public has not received the attention it is due.

Over the years, the ADA has devoted a significant share of its prevention-oriented resources to maintaining (or expanding) community-based prevention programs (e.g., community water fluoridation, school-based sealant programs, etc.). However, an opportunity now exists for greater emphasis to be placed on sound nutritional practices as a prevention strategy. Recognizing the difficulty in changing individual behaviors, the time is right for a public health approach to reduce sugar consumption that is consistent with messages from a broad array of public health initiatives centered on nutrition.

The ADA has numerous policies on nutrition with some related to consumption of cariogenic foods. Current ADA policy encourages federal agencies to take action to prevent the distribution of non-nutritious and highly cariogenic foods in federal nutrition service programs. It encourages continued research on the deleterious oral health effects of the increasing consumption of sugar sweetened beverages and opposes pouring rights contracts that influences increased access and consumption of soft drinks. It opposes targeting children in the promotion and advertisement of non-nutritious foods and foods high in cariogenic carbohydrates. It supports collaboration with other health professionals and related health organizations to combat the issues of obesity by assuring that nutrition and oral health are included in education materials.

The Council on Government Affairs (CGA) has advocated for these policies in Congress and worked with federal agencies to elevate the role of oral health in the federal government's nutrition-related activities as opportunities arose. Most recently, CGA spearheaded the Association's comments on the *Scientific Report of the 2015 Dietary Guidelines Advisory Committee.* CGA also secured a place for ADA President Maxine Feinberg to testify before a House Appropriations Committee panel about the need to fund research examining the relationship between diet, nutrition, and oral health.

ADA policy encourages state and local dental associations to work with their respective state and local government agencies and school officials to provide nutritious food choices in vending machines and school food services. State and local dental associations are also encouraged to work with education professionals, dieticians, health care providers and families to increase awareness about making healthy choices when purchasing beverages from vending machines.

Finally, ADA policy encourages dentists to maintain current knowledge of nutrition recommendations such as the Dietary Guidelines for Americans and effectively educate and counsel their patients about proper nutrition and oral health. The ADA offers continuing education courses to help dentists counsel patients about the importance of maintaining a healthy diet including a Council on Access, Prevention and Interprofessional Relations (CAPIR) track continuing education course offered during the 2013 ADA Annual Session. The course was presented by Teresa Marshall, Ph.D., R.D. who is an expert consultant on nutrition for CAPIR.

None of ADA's current policies address actions to reduce added sugar consumption by the American public. In recent years, CAPIR has approved several CAPIR resolutions related to nutrition and sugar consumption. In 2011, as directed by a CAPIR resolution, an interagency workgroup was formed to formulate a strategic approach for addressing the complex emerging issues related to oral health and nutrition. A report with recommendations was submitted to the 2012 ADA House of Delegates. CAPIR approved a Resolution in 2012 that urged the Council on Scientific Affairs to consider developing appropriate clinical practice guidelines for nutritional counseling related to beverage consumption for children between the ages of 0 to 3.

In 2015, acknowledging the need to address high added sugar consumption by the American public and that sugary beverage consumption is the leading source of excess sugar in the American diet, CAPIR approved a resolution that urges the ADA to support the World Health Organization Guidelines on Sugar Intake for Adults and Children and that CAPIR take action to develop and implement, along with other appropriate agencies, a comprehensive plan to promote nutritional screening and counseling as a part of routine dental care. As is the case for ADA policies, the CAPIR resolutions mentioned above address sugar consumption; however, none address the issue on a population level.

While not necessarily focusing specifically on the topic of reducing overall added sugar consumption, the ADA has long supported promotional campaigns to help consumers to improve their oral health through sound dietary habits. The ADA's National Children's Dental Health Month (NCDHM) is one vehicle for educating the public about the role of diet and nutrition in maintaining good oral health. Additionally, ADA's consumer web site, MouthHealthy.org, provides information to the public about diet and nutrition.

At its March 2015 meeting, the ADA Board of Trustees acknowledged a need for additional research regarding the role that sugar plays in the development of caries by adopting the following resolution:

> **B-25-2015. Resolved,** that the ADA Board of Trustees recommends that the Council on Government Affairs advocates for increased research funding regarding the role that sugar plays in the development of caries for the National Institute of Dental and Craniofacial Research and the US Centers for Disease Control and Prevention.

Additionally, the Board of Trustees recognized the importance of addressing the issue of added sugar consumption by the American public. At its March 2015 meeting, the Board of Trustees adopted the following resolution:

> **B-26-2015. Resolved,** that the ADA Board of Trustees establishes an interagency workgroup to develop a policy statement for consideration by the 2015 House of Delegates about reducing sugar consumption as a means of reducing caries risk, and be it further

Resolved, that the workgroup be comprised of two members of the Board of Trustees appointed by the President, two members from the Council on Scientific Affairs and two members of the Council on Access, Prevention and Interprofessional Relations. Each council will select its taskforce members. The Chair of the workgroup will be chosen by the President, and be it further

Resolved, that the workgroup will report back to the ADA Board of Trustees by its August 2015 Board meeting.

ADA president, Dr. Maxine Feinberg appointed the two Board members and appointed Dr. Jonathan Shenkin as the workgroup chair. The chairs of the Councils listed above were contacted and asked to appoint members to the ad hoc committee. Additionally, Dr. Shenkin requested a member from the Council on Government Affairs be appointed to the workgroup.

The *ad hoc* workgroup was formed consisting of the following member representatives:

Dr. Jonathan Shenkin, ADA Board of Trustees, chair
Dr. Robert Bitter, ADA Board of Trustees
Dr. Jane Gillette, Council on Access, Prevention and Interprofessional Relations
Dr. Yasmi Crystal, Council on Access, Prevention and Interprofessional Relations
Dr. Doug Young, Council on Scientific Affairs
Dr. Rebecca Slayton, Council on Scientific Affairs
Dr. Barry Howell, Council on Government Affairs

In preparation for the Committee's discussions, members received the following background documents:

- Resolution B-26-2015
- current ADA policies related to nutrition
- current CAPIR resolutions related to sugar consumption
- *Council on Access, Prevention and Interprofessional Relations Supplemental Report 3 to the House of Delegates: Formulation a Strategic Approach for Addressing the Complex Emerging Issues Related to Oral Health and Nutrition in the United States (2012)*
- *ADA comments on the Scientific Report of the 2015 Dietary Guidelines Advisory Committee* and ADA comments on that report
- *World Health Organization Guideline: Sugars intake for adults and children*
- links to nutrition-related content on ADA.org
- ADA testimony, presented by ADA President Maxine Feinberg, to a House Appropriations Committee panel about the need to fund additional research examining the relationship between diet, nutrition, and oral health.

The workgroup determined that its goal would be to develop ADA policy to address added sugar consumption on a population level. Additionally, it was agreed that it was more important to focus the workgroup's attention on addressing overconsumption of added sugar consumption overall rather than focusing attention on reducing the consumption of specific food items, such as sugar-sweetened beverages, which could be a focus of the ADA at a later point once a policy on added sugars was established. It was mentioned that there is a need for funding for nutritional and caries research. They also agreed that the most effective method to inform the American public about the need to reduce added sugar consumption is to develop a social media campaign.

The Board of Trustees received the workgroup's report at its August 2015 meeting. After consideration of the workgroup's report and recommendations, the Board determined that the ADA will utilize its ongoing communications efforts and possible affiliations with the informational campaign of other organizations to promote the reduction of added sugar consumption.

Recommendations: Based on deliberation of the topic of reducing sugar consumption as a means of reducing caries risk, the Board recommends the following resolutions and directives for the House's consideration:

49. Resolved, that the ADA acknowledges it is beneficial for consumers to avoid a steady diet of foods containing natural and added sugars, processed starches, and low pH-level acids as way to help maintain optimal oral health.

50. Resolved, that the ADA supports public information campaigns to reduce the amount of added sugars consumed in American diets.

51. Resolved, that the ADA supports legislative and regulatory actions, as appropriate and feasible, to increase consumer awareness about the role dietary sugar consumption may play in maintaining optimal oral health, and the potential benefits of limiting added sugar consumption in relation to general and oral health.

52. Resolved, that the ADA encourages federal research agencies to further investigate the relationship between diet, nutrition, and oral health, particularly the extent to which dental caries incidence may fluctuate with changes in overall added sugar consumption.

Fiscal Considerations for the Added Sugar Informational Campaign is listed below:

- Added Sugar Informational Communications – Communications staff reports that the current proposed budget includes staff and resources to include communication as part of its ongoing communications efforts. Accordingly, the proposed added sugar informational communications would incur no additional costs to implement.

The recommendations listed in this report are consistent with the goals and objectives for ADA's Strategic Plan 2015-2019. Developing policy that supports added nutritional and caries research and actions to reduce the overall consumption of added sugar in order to eliminate dental disease underscores ADA's recognition of the problem and demonstrates to the American public, ADA's continuous efforts to prevent dental disease. These recommendations address objective 1: ADA and members recognized as leaders in oral health by the public.

Resolutions

(Resolution 49:Worksheet:5050)
(Resolution 50:Worksheet:5051)
(Resolution 51:Worksheet:5052)
(Resolution 52:Worksheet:5053)

Resolution No. 49 New

Report: Board Report 10 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

ADDED SUGAR PHILOSOPHY

Background: (See Report 10 of the Board of Trustees to the House of Delegates: Reducing Added Sugar Consumption as a Means to Reduce Dental Caries Risk, Worksheet:5049)

Resolution

49. Resolved, that the ADA acknowledges it is beneficial for consumers to avoid a steady diet of foods containing natural and added sugars, processed starches, and low pH-level acids as way to help maintain optimal oral health.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS

Resolution No. 50 New

Report: Board Report 10 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

PUBLIC INFORMATION CAMPAIGNS TO REDUCE ADDED SUGAR CONSUMPTION

Background: (See Report 10 of the Board of Trustees to the House of Delegates: Reducing Added Sugar Consumption as a Means to Reduce Dental Caries Risk, Worksheet:5049)

Resolution

50. Resolved, that the ADA supports public information campaigns to reduce the amount of added sugars consumed in American diets.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 51 New

Report: Board Report 10 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

LEGISLATIVE AND REGULATORY ACTION TO INCREASE CONSUMER AWARENESS ABOUT ADDED SUGAR CONSUMPTION

Background: (See Report 10 of the Board of Trustees to the House of Delegates: Reducing Added Sugar Consumption as a Means to Reduce Dental Caries Risk, Worksheet:5049)

Resolution

51. Resolved, that the ADA supports legislative and regulatory actions, as appropriate and feasible, to increase consumer awareness about the role dietary sugar consumption may play in maintaining optimal oral health, and the potential benefits of limiting added sugar consumption in relation to general and oral health.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 52 New

Report: Board Report 10 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

FEDERAL RESEARCH TO INVESTIGATE THE RELATIONSHIP BETWEEN DIET, NUTRITION AND ORAL HEALTH

Background: (See Report 10 of the Board of Trustees to the House of Delegates: Reducing Added Sugar Consumption as a Means to Reduce Dental Caries Risk, Worksheet:5049)

Resolution

52. Resolved, that the ADA encourages federal research agencies to further investigate the relationship between diet, nutrition, and oral health, particularly the extent to which dental caries incidence may fluctuate with changes in overall added sugar consumption.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. N/A New

Report: Board Report 8 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

REPORT 8 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: SCHEDULE OF MEETINGS OF THE HOUSE OF DELEGATES

Background: In response to frustration voiced by some delegates and state society leaders about the length of time spent by delegates during the annual meeting, the Board of Trustees requested the Speaker of the House of Delegates and ADA staff to investigate the feasibility of shortening the length of the House of Delegates meeting beginning in 2016. To fulfill this request, the agenda of the House of Delegates was examined and each ceremonial and non-essential presentation was examined for its value to the business of the House of Delegates. The Board has concluded that it is feasible for the business of the House to be completed on Monday (third meeting), provided certain changes are instituted.

To complete the business of the House at the third meeting, the following changes to the agenda and meeting schedule of the House would be needed:

- Eliminate most ceremonial and non-essential presentations
- Convene the first meeting of the House of Delegates at 2 p.m., Friday (increase length of first meeting 1.5 hours / from 2 p.m. to 6 p.m.)
- Change the time for the Election of Officers and Trustees to Sunday (from 4 p.m. to 6 p.m.)
- Convene the second meeting of the House of Delegates, at 7:30 a.m., Monday (run-off elections Monday morning if needed)
- Change the time of the Installation Ceremony to the first order of business of the Third Meeting (following lunch on Monday)
- Commit to late adjournment at third meeting, Monday (eliminate need for fourth meeting, Tuesday)
- Shift Distinguished Service Award and Honorary Membership Presentations to a Board of Trustees meeting with ADA News coverage

These proposed changes should effectively remove the need for a fourth meeting, thus shortening the length of the meeting by one day. Although no Mega Topic Discussion is planned for 2015, the proposed schedule would certainly make it more difficult to schedule one in future years without impinging on district caucus meetings.

Potential changes from the traditional House of Delegates agenda and meeting schedule are identified, in detail, as follows:

Day One/Friday: First Meeting of the House of Delegates, ~~3:30 p.m.~~ 2:00 p.m.

1. Meeting Called to Order by the Speaker of the House
2. Invocation
3. Pledge of Allegiance
4. Introduction of ADA Officers and Distinguished Guests
5. ~~Welcoming Remarks from the General Chair of the Committee on Local Arrangements~~
6. ~~Remarks of the Chair of the Council on Ethics, Bylaws and Judicial Affairs~~
7. Report of the Committee on Credentials, Rules and Order
    - *[Mandatory: Granting Credentials, Quorum, ADA Disclosure Policy, Adoption of Agenda, Adoption of the Minutes, Adoption of Referral of Reports and Resolution, withdrawn resolutions. Cut: Informational items / instead refer to Manual]*
8. Address of President
9. Report of the Executive Director [moved from Second Meeting]
10. Report of the Treasurer [moved from Second Meeting]
9. ~~Presentation of the Distinguished Service Award~~
11. Reports of Board of Trustees
    - *[Mandatory: Approval of Council Nominations. Cut: recognition of retiring council members and memorial display]*
12. Nominations of Officers and Trustees
13. Referrals of Reports and Resolutions
14. New Business
14. ~~Remarks by ADPAC Chair~~ [suggest written report]
15. Closed Session
16. Adjournment

Day Two/Saturday: Reference Committee Day

Day Three/Sunday: Caucus Meeting Day

- Election of Officers and Trustees, 4-6 p.m. (election results to be posted on ADA Connect)

Day Four/Monday: *(Second and Third (final) Meeting of House of Delegates, 7:30 a.m. to close of business)*

Second Meeting of the House of Delegates, 7:30 a.m. to Noon

1. Meeting Called to Order by the Speaker of the House
2. ~~Introduction of Distinguished Guests~~
3. ~~Presentation of Honorary Membership~~
4. Report of Committee on Credentials, Rules and Order
5. Announcement of Election Results *(second ballot, if needed)*
6. Reports of Reference Committees of the House of Delegates

Third Meeting of the House of Delegates, 1 p.m. to close of business

1. Installation of Officers and Trustees *(First item of business 3rd Meeting)*
2. Address of Incoming President
3. ~~Report of the Executive Director~~ [Move to Friday]
4. ~~Report of the Treasurer~~ [Move to Friday]
3. Reports of Reference Committees - continued
4. New Business
5. Adjournment

~~Fourth Meeting of House of Delegates, 8:00 a.m.~~

~~1. Meeting Called to Order by the Speaker of the House~~
~~2. Report of Committee on Credentials, Rules and Order~~
~~5. Remarks by ADPAC chair~~
~~6. Reports of Reference Committees - continued~~
~~7. Unfinished Business~~
~~8. New Business~~
~~9. Adjournment~~

Tuesday: New Board Meeting *(breakfast meeting)*

Social Activities: With this proposed schedule, the Networking Event would be moved in future years from Monday to Sunday night, from 7 p.m. to 10 p.m. There would be a slight overlap with the International VIP Reception, hosted by the President, which is scheduled from 6 p.m. to 7:30 p.m.

Financial Considerations: While these changes, if instituted by the House, would effectively shorten the meeting of the House of Delegates by one day, because a full day is anticipated to compete the business of the House during the Second and Third meetings, it is not anticipated that there would be any significant cost savings to the Association. However, districts and individual delegates may recognize some savings. For example, depending on the meeting location, some delegates may choose to travel on Monday evening, saving a hotel night and allowing a quicker return to their practices. The Board hopes these changes, if adopted by the House, would provide delegates and districts some new options to manage schedules and return to their practices earlier.

In accordance with the Rules of the House of Delegates in the *Manual of the House of Delegates*, under the section titled “Meeting Schedule and Order of Business,” any substantive consolidation or expansion of the meeting can take place only with the prior approval of the House.

The Board recognizes that this issue is one for the House to decide. To facilitate the business of the House, the Board is offering here an example of the type of resolution that a House member might offer to effectuate the changes discussed here.

Sample Resolution

Resolved, that the meeting schedule of the House of Delegates be modified to eliminate the fourth meeting of the House of Delegates, and be it further

Resolved, that the following schedule of meetings be implemented beginning at the meeting of the 2016 House of Delegates:

- Day One: First Meeting of the House of Delegates, from 2 p.m. to 6 p.m.
- Day Two: Reference Committee Hearings
- Day Three: Caucus Meetings
- Day Three: Election of Officers and Trustees, from 4 p.m. to 6 p.m.
- Day Four: Second and Third Meetings of the House of Delegates, from 7:30 to close of business

The Board wishes to emphasize that this report is informational only. The Board is not proposing any resolution in it.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. 23-2014 New

Report: N/A Date Submitted: August 2015

Submitted By: Council on Ethics, Bylaws and Judicial Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

AMENDMENT OF THE ADA BYLAWS STRIKING "EX OFFICIO"

Background: (*Reports*:64).

At the request of the House of Delegates, the Council has conducted a second in-depth review of the use of the term "*ex officio*" in the ADA *Constitution and Bylaws*. At the conclusion of its study, the Council remains convinced that completely discontinuing the use of the term "*ex officio*" is the better approach to take in an organization of the size and make-up of the ADA. While it would certainly be possible to strike "*ex officio*" from the *Bylaws* only in those instances where the term is used incorrectly, that action does not deal with all the issues that the Council believes exist. That approach would not address the lack of understanding of the meaning of "*ex officio*" among delegates and members who have no or only limited exposure to parliamentary procedure and the definition of the term found in the *American Institute of Parliamentarians' Standard Code of Parliamentary Procedure*.

The Council therefore recommends the adoption of Resolution 23-2014:

Resolution

23-2014. Resolved, that CHAPTER V. HOUSE OF DELEGATES, *Section 10*, COMPOSITION, Paragraph B. EX OFFICIO MEMBERS. of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken through~~):

Section 10. COMPOSITION.

* * *

B. ~~EX OFFICIO~~ NON-VOTING MEMBERS. The elective and appointive officers and trustees of this Association shall be ~~*ex officio*~~ members of the House of Delegates without the power to vote. They shall not serve as delegates. Past presidents of this Association shall be ~~*ex officio*~~ members of the House of Delegates without the power to vote unless designated as delegates.

and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, *Section 10*. COMPOSITION of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken through~~):

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, the President-elect and the two Vice

Presidents shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be ~~*ex officio*~~ non-voting members of the Board ~~without the right to vote~~.

and be it further

Resolved, that CHAPTER VII. BOARD OF TRUSTEES, *Section 140*. COMMITTEES, Sub-paragraph e. of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken through~~):

Section *140*. COMMITTEES:

* * *

e. Serve as ~~ex officio~~ non-voting members~~, without the power to vote,~~ of councils and commissions of this Association on issues affecting new dentists; these appointments will be recommended by the Committee and assigned by the Board of Trustees.

and be it further

Resolved, that CHAPTER VIII, ELECTIVE OFFICERS, *Section 90*, DUTIES of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken through~~):

Section 90. DUTIES:

A. PRESIDENT. It shall be the duty of the President to:

* * *

b. Serve as Chair and, except as otherwise provided in these *Bylaws*, ~~*ex officio*~~ non-voting member of the Board of Trustees and to perform such duties as are provided in Chapters V and VII of these *Bylaws*.

B. PRESIDENT-ELECT. It shall be the duty of the President-elect to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.
c. Serve as a~~n *ex officio*~~ member of the Board of Trustees.

C. FIRST VICE PRESIDENT. It shall be the duty of the First Vice President to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.
c. Serve as a~~n *ex officio*~~ member of the Board of Trustees.

D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:

* * *

b. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.
c. Serve as a~~n *ex officio*~~ member of the Board of Trustees.

F. TREASURER. It shall be the duty of the Treasurer to:

* * *

h. Serve as a~~n *ex officio*~~ non-voting member of the House of Delegates ~~without the right to vote~~.
i. Serve as a~~n *ex officio*~~ non-voting member of the Board of Trustees ~~without the right to vote~~.

and be it further

Resolved, that CHAPTER X. COUNCILS, *Section 20* MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS, Paragraph A of the ADA *Bylaws* be amended as follows (additions underscored; deletions ~~stricken through~~):

Section 20. MEMBERS, SELECTIONS, NOMINATIONS AND ELECTIONS:

A.

* * *

Council on ADA Sessions shall be composed of nineteen (19) members, one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year except every fourth year when five (5) members shall complete their terms. In addition, the General Chair of the Local Arrangements Committee for the current year and the General Chair-elect for the succeeding year shall serve as ~~*ex officio*~~ members ~~with the right to vote~~ and shall not be eligible to serve as Council Chair.

* * *

Council on Government Affairs shall be composed of eighteen (18) members, one (1) member from each trustee district whose terms of office shall be staggered in such a manner that four (4) members will complete their terms each year except every fourth year when five (5) members shall complete their terms. In addition, the chair of the political action committee shall be a~~n *ex officio*~~ non-voting member of the Council ~~without the power to vote~~. Consideration shall be given to a candidate's experience in the military or other federal dental services. Members of the Council shall not be in the full-time employ of the federal government. Individuals called to active duty from the military reserves or national guard forces, providing such active duty has not been requested by the individual, shall not be considered to be in the full-time employ of the federal government.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 1 New

Report: Board Report 3 Date Submitted: June 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time	Amount On-going	$70,000 (2018) $140,000 (thereafter)	FTE	0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

REPORT 3 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ELIMINATION OF OFFICES OF FIRST AND SECOND VICE PRESIDENTS

Background: As part of a comprehensive review of Association governance in 2012, the Board asked the House to consider eliminating the offices of first and second vice presidents. The resolution was held over because it sought to amend the *Constitution;* however, it was defeated in 2013. The Board believes that the rationale behind that resolution holds true today and that now is the time to revisit the issue. Accordingly, the Board is proposing a new resolution to eliminate these offices. The resolution will be held over until the 2016 House of Delegates meeting, therefore its impact would be phased in over several years with the sitting second vice president becoming first vice president at that time. Because candidates may have already announced an intent to run for the second vice president position, the election would be held in 2016 and the prevailing candidate will serve two years. However, no additional vice presidents will be selected thereafter.

The Board's governance report in 2012 stated:

> Westman Suggestion #44. Eliminate the two Vice President positions.
> Unlike the position in many state societies, the position of ADA vice president does not automatically succeed to the office of President-elect and then President. Moreover, the stated purpose of these positions, to represent the House, is in fact served by the President and President-elect, as well as the entire Board. The Board has been well served by many very able and dedicated Vice Presidents and thanks each of them for their service. Nevertheless, the Board concludes that the positions add complexity to our governance (by increasing the size of the Board and adding additional elections).

The Board believes this statement is true today. The vice president positions do not automatically succeed to the office of President-elect and, contrary to what is often stated, the vice presidents do not uniquely represent the House of Delegates at the Board of Trustees. All officers are elected by the House and every Board member (including the vice presidents) owe a duty of loyalty to the Association, as opposed to the House of Delegates. And certainly having two vice presidents, in addition to 17 trustees, a President, a President-elect, a Treasurer and a Speaker, adds to the complexity of our governance both at the Board level and at the House (through elections).

Of course, the Board continues to agree that the Association has been exceptionally well served by our vice presidents over the years. In no way is the resolution proposed here meant to show any lack of gratitude for their fine work. But the Association has been equally well served by the many trustees, presidents, presidents-elect, treasurers and speakers who have served in those positions over the years. The Board is simply convinced that the Association should take steps, even small ones, to simplify its governance.

The Board of Trustees considered Resolution 106-2014 calling for a single vice president with a four-year term. After deliberation, the Board determined that they do not support this resolution and submits Resolution 1.

Accordingly, the Board proposes the following resolution, which will be held over for a year and be considered by the 2016 House of Delegates.

Resolution

1. Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, ARTICLE V. OFFICERS, *Section 10*. ELECTIVE OFFICERS, of the ADA *Constitution* shall be amended as follows (deletions ~~stricken~~):

ARTICLE V. OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a ~~First~~ Vice President, ~~a Second Vice President,~~ a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, ARTICLE V. OFFICERS, *Section 10*. ELECTIVE OFFICERS, of the ADA *Constitution* shall be amended as follows (deletions ~~stricken~~):

ARTICLE V. OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, ~~a Vice President,~~ a Treasurer and a Speaker of the House of Delegates, each of whom shall be elected by the House of Delegates.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VI. CONFLICT OF INTEREST, of the ADA *Bylaws* shall be amended as follows (deletions ~~stricken~~):

CHAPTER VI. CONFLICT OF INTEREST

It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

a. placing themselves in a position where personal or professional interests may conflict with their duty to this Association.
b. using information learned through such office or position for personal gain or advantage.
c. obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate and applicant shall complete a conflict of interest statement as prescribed by the Board of Trustees, disclosing any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. Candidates for offices of President-elect, ~~Second Vice President,~~ Treasurer, Speaker of the House, nominees for office of trustee, and nominees to councils and commissions shall file such statements with the Secretary of the House of Delegates to be made available to the delegates prior to election. As a condition of appointment, consultants, advisers and staff of Councils, Commissions and Special Committees, and each person nominated or seeking such positions, shall file conflict of interest statements with the executive director of this Association.

While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.

The Board of Trustees shall approve any additional compliance activities that will implement the requirements of this chapter. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, *Section 10*. COMPOSITION, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, the President-elect and the ~~two~~ Vice Presidents~~s~~ shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be *ex officio* members of the Board without the right to vote.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, *Section 10*. COMPOSITION, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, and the President-elect ~~and the Vice President~~ shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be *ex officio* members of the Board without the right to vote.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, *Section 130*. OFFICERS, Subsection A. CHAIR AND SECRETARY, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 130. OFFICERS:

A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chair, and the Executive Director of the Association who shall be the Secretary.

In the absence of the President, the office of Chair shall be filled by the President-elect and, in his or her absence, by the ~~First or Second~~ Vice President in that order and, in their absence, a voting member of the Board shall be elected Chair *pro tem*.

In the absence of the Secretary, the Chair shall appoint a Secretary *pro tem.*

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VII. BOARD OF TRUSTEES, *Section 130*. OFFICERS, Subsection A. CHAIR AND SECRETARY, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 130. OFFICERS:

A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chair, and the Executive Director of the Association who shall be the Secretary.

In the absence of the President, the office of Chair shall be filled by the President-elect and, in his or her absence, ~~the Vice President in that order and, in their absence,~~ a voting member of the Board shall be elected Chair *pro tem*.

In the absence of the Secretary, the Chair shall appoint a Secretary *pro tem.*

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 10*. TITLE, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 10. TITLE: The elective officers of this Association shall be President, President-elect, ~~First~~ Vice President, ~~Second Vice President,~~ Treasurer and Speaker of the House of Delegates, as provided in Article V of the *Constitution.*

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 10*. TITLE, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken)~~:

Section 10. TITLE: The elective officers of this Association shall be President, President-elect, ~~Vice President,~~ Treasurer and Speaker of the House of Delegates, as provided in Article V of the *Constitution.*

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 30*. NOMINATIONS, Subsection A, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 30. NOMINATIONS:

A. Nominations for the office~~s~~ of President-elect ~~and Second Vice President~~ shall be made in accordance with the order of business. Candidates ~~for these elective offices~~ shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 50*. TERM OF OFFICE, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

> *Section 50.* TERM OF OFFICE: The President, President-elect~~, First Vice President~~ and ~~Second~~ Vice President shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 50*. TERM OF OFFICE, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

> *Section 50.* TERM OF OFFICE: The President and President-elect ~~and Vice President~~ shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment *sine die* of the 2016 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 60*. INSTALLATION, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken)~~:

> *Section 60.* INSTALLATION: The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. The Second Vice President shall be installed as ~~First~~ Vice President at the next annual session of the House following election.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 60*. INSTALLATION, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

> *Section 60.* INSTALLATION: The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. ~~The Second Vice President shall be installed as Vice President at the next annual session of the House following election~~.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 80*. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE,

of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 80. VACANCIES:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the ~~First~~ Vice President shall become President for the unexpired portion of the term. ~~In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term.~~ A vacancy in the office of the ~~Second~~ Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 80*. VACANCIES, Subsection A. VACANCY OF ELECTIVE OFFICE of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 80. VACANCIES:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, ~~the Vice President shall become President for the unexpired portion of the term~~ the Board of Trustees shall select a President from among the voting members of the Board of Trustees or any of the past presidents for the unexpired portion of the term. Such a selection can take place at either a regular or special session of the Board of Trustees which in either case shall be convened by the Secretary of the Board of Trustees, who shall preside until either a temporary chair from among the voting members of the Board of Trustees or a President is selected. ~~A vacancy in the office of the Vice President shall be filled by a majority vote of the Board of Trustees.~~ In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint a Speaker *pro tem*. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. The Treasurer *pro tem* shall be eligible for election to a new consecutive three (3) year term. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former

Treasurer who has been elected Treasurer *pro tem* as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve one (1) additional year.

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90*. DUTIES, Subsection C. FIRST VICE PRESIDENT, of the ADA *Bylaws* shall be amended as follows (additions underscored, deletions ~~stricken~~):

Section 90. DUTIES:

C. ~~FIRST~~ VICE PRESIDENT. It shall be the duty of the ~~First~~ Vice President to:

a. Assist the President as requested.
b. Serve as an *ex officio* member of the House of Delegates without the right to vote.
c. Serve as an *ex officio* member of the Board of Trustees.
d. Succeed to the office of President, as provided in this chapter of the *Bylaws*.

and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90*. DUTIES, Subsection C. FIRST VICE PRESIDENT, of the ADA *Bylaws* shall be deleted in its entirety as follows (deletions ~~stricken~~):

~~*Section 90.* DUTIES:~~

~~C. VICE PRESIDENT. It shall be the duty of the Vice President to:~~

~~a. Assist the President as requested.~~
~~b. Serve as an *ex officio* member of the House of Delegates without the right to vote.~~
~~c. Serve as an *ex officio* member of the Board of Trustees.~~
~~d. Succeed to the office of President, as provided in this chapter of the *Bylaws*.~~

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, *Section 90*. DUTIES, Subsection D. SECOND VICE PRESIDENT, of the ADA *Bylaws* shall be deleted in its entirety as follows (deletions ~~stricken~~):

~~D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:~~

~~a. Assist the President as requested.~~
~~b. Serve as an *ex officio* member of the House of Delegates without the right to vote.~~
~~c. Serve as an *ex officio* member of the Board of Trustees.~~
~~d. Succeed to the office of First Vice President at the next annual session of the House of Delegates following election as Second Vice President.~~
~~e. Succeed immediately to the office of First Vice President in the event of vacancy not only for the unexpired term but also for the succeeding term.~~

and be it further

Resolved, that at the adjournment *sine die* of the 2017 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 90. DUTIES, Subsections E and F, of the ADA *Bylaws* be relettered as Subsections D and E, and be it further

Resolved, that at the adjournment *sine die* of the 2018 House of Delegates, CHAPTER VIII. ELECTIVE OFFICERS, Section 90. DUTIES, Subsections D and E of the ADA *Bylaws* be relettered as subsections C and D.

BOARD RECOMMENDATION: Vote Yes.

Vote: Resolution 1

ASAI	Yes	DOW	Yes	JEFFERS	Yes	STEVENS	Yes
BITTER	No	FAIR	Yes	KWASNY	Yes	SUMMERHAYS	Yes
BUCKENHEIMER	Yes	GAMBA	Yes	ROBERTS	Yes	YONEMOTO	Yes
COLE	Yes	GEHANI	Yes	ROBINSON	Yes	ZENK	Yes
CROWLEY	Yes	ISRAELSON	Yes	SHENKIN	No	ZUST	Yes

Resolution No. 44 New

Report: CC Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Communications

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $150,000 Net Dues Impact: $1.42

Amount One-time $150,000 Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON COMMUNICATIONS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: UPDATE ON COUNCIL ACTIVITIES AND FUNDING REQUEST FOR SOCIAL MEDIA CAMPAIGN

Background: This report supplements the Council on Communications Annual Report and updates the House on resolutions where the Council on Communications is the lead or supporting agency. This resolution provides member value by contributing to objective one of the Members First 2020

Strategic Plan: ADA and members will be recognized as leaders in oral health by the public. ADA members in communities throughout the U.S. are actively engaged in initiating or defending water fluoridation, yet misinformation about this important public health measure abounds on the Internet and in social media. The resolution aids members by promoting credible, science-based information from the ADA on water fluoridation through search engine optimization and promoted posts and tweets.

Resolution 67H-2014—Educating Children and Parents about the Dangers of Oral Piercings: The Council on Communications is the supporting council to the Council on Scientific Affairs, which has indicated it will recommend an updated policy statement to the 2016 House of Delegates. If the policy is adopted, Communications will move forward with a communications program.

Resolution 101H-2014—ADA Social Media Campaign on Water Fluoridation: In October 2014, the House of Delegates passed Resolution 101, which provided a $500,000 budget for an ADA Social Media Campaign on Water Fluoridation. $380,000 was allocated for national, state and local social media expenses, and $120,000 for a new CAPIR staff member to directly engage with states and local societies on fluoridation issues.

> **101H-2014. Resolved,** that the American Dental Association implement a proactive social media campaign and websites to promote to the public, the safe, positive effects of optimal water fluoridation to decrease the incidence of dental decay in communities.

The Board of Trustees directed the Division of Communications to develop a plan to implement the resolution, which should include the following elements: keyword search; social media marketing; additional content creation; local campaign websites; and messaging and training for state and local dental societies. The Board also specified that outcome metrics should be developed for ongoing program monitoring.

A volunteer workgroup was formed and a communications plan was developed and approved in the first quarter. The workgroup members are:

- Dr. Mike Maihofer, chair of the Workgroup, member of the Communications Council, and liaison to the Council on Access Prevention and Interprofessional Relations (CAPIR)
- Dr. John Fisher, CAPIR member and delegate from District One (ME, VT NH, MA, RI AND CT), which submitted the Social Media Campaign on Water Fluoridation Resolution 101
- Dr. Howard Pollick, member of CAPIR's National Fluoridation Advisory Committee, and ADA spokesperson on fluoridation
- Mr. Mark Paget, executive director of Wisconsin Dental Association, experience dealing with fluoridation issues

Communications Plan Highlights:

Objectives

- Increase awareness among consumers and policymakers of the public health benefits of community water fluoridation.
- Educate the public to be better stewards of their oral health by providing a credible, science-based counterpoint to inaccurate messages being distributed by anti-fluoride groups.
- Support the Healthy People 2020 and Action for Dental Health objectives to increase the percentage of the U.S. population served by community water systems with optimally fluoridated water from 72.4% to 80%.

Goals/Outcome Metrics

1. Improve Google "fluoridation" and "fluoride" organic search positions for ADA.org to at least number 4.
2. Achieve the number one paid search position on Google for Fluoridation pages on ADA.org by launching a Google AdWords campaign with an average click-thru rate greater than 1%.
3. Increase traffic by 20% to Fluoride and Fluoridation pages on ADA.org from 41,221 page views to 49,500 page views annually.
4. Increase traffic by 100% to Fluoride and Fluoridation A-Z pages on MouthHealthy.org from 6,467 page views to 13,000 page views annually.
5. Achieve average engagement rate between 1-4% for Promoted Tweets and Video campaign on Twitter.
6. Achieve at least 50,000 video views on YouTube of new water fluoridation video.

Strategies

- Utilize social media to distribute accurate fluoridation information and engage consumers in a positive fluoridation conversation.
- Increase ADA visibility related to pro-fluoridation messages on search engines and social media channels.
- Provide communications support for member dentists and state dental societies in areas where community water fluoridation is vulnerable.
- Re-package large quantities of information on ADA.org and in the Fluoridation Toolkit into "snackable" content that is more engaging and readable for a consumer audience online.
- Develop different types of positive messages, both rational and emotional, that appeal to the target audiences.

Consumer Messaging Survey: A survey of 4,000 consumers was fielded in the second quarter. The objectives of the survey were to: 1) capture awareness of the fluoridation issue; 2) measure sentiment for

and against community water fluoridation; 3) assess influence of supporters (positive) and activists (negative); and 4) identify which messages would be most effective in gaining support for community water fluoridation.

Key Research Findings

- The more people know about fluoride and fluoridation, the more accepting and supportive they are.
- Dentists and the ADA are the most trusted resources for information about fluoride and fluoridation.

Most Effective Anti Messages	Most Effective Pro Messages:
Some research has shown a possible link between fluoride and health problems.	More than 70 years of scientific research has shown fluoridation to be safe.
Fluoride is a toxic chemical that is added to our water.	Leading health organizations, like the AMA, AAP, ADA, CDC and WHO support community water fluoridation.

Campaign Progress and Current Results of Outcome Metrics:

Goal 1: Improve Google "fluoridation" and "fluoride" organic search positions for ADA.org to at least number four.
Re-packaging the Fluoride and Fluoridation content on ADA.org was a critical first step to increase traffic and aid in improving organic search results. The site redesign was launched in the first quarter. New content has been created and repurposed for digital, social, and traditional marketing channels.

Currently, Google searches for fluoride and fluoridation return ADA.org and MouthHealthy.org within the top eight organic search positions. However, definitive results are unpredictable because organic search results are dependent upon location and search history and will therefore differ significantly depending on the user. Efforts to raise the results are continuing through new content additions and ongoing search engine optimization strategies.

Goal 2: Achieve the number one paid search position on Google for Fluoridation pages on ADA.org by launching a Google AdWords campaign with an average click-thru rate greater than 1%.
Currently, ADA.org holds the number one paid search position due to a paid search campaign which launched on Google AdWords in the first quarter. To date, the campaign has generated 3.1 million impressions and 16,500 clicks. Keyword click-thru rates range from .27% to 4.04%. The plan goal is an average greater than 1%. Negative keywords are the best performing. "Is fluoride bad for you?" is the highest performing search term. This Google AdWords campaign is scheduled to run through November. To date, $25,000 has been spent of the $72,000 allocated.

Goal 3: Increase traffic by 20% to Fluoride and Fluoridation pages on ADA.org.
The website traffic goals have been exceeded. To date, traffic has increased approximately 370% to nearly 20,000 page views per month. Although this is a huge improvement, Fluoride Action Network receives significantly more traffic with estimated visits at 120,000 per month compared to 10,500 visits per month to ADA.org/fluoride. More work is needed to close this gap and a consultant has been contracted to assist with organic search engine optimization.

Goal 4: Increase traffic by 100% to Fluoride and Fluoridation A-Z pages on MouthHealthy.org
To date, traffic has increased 100% to 1,100 page views per month.

Goal 5: Average engagement rate between 1 and 4% for Promoted Tweets and Video campaign on Twitter.
A paid Twitter campaign launched June 19, timed to coincide with the fluoride "debate" on the STOSSEL show on FOX Business Network. The campaign generated 1.1 million impressions and 14,500 engagements in 18 hours. The engagement rate was 1.36% meeting the plan goal between 1 and 4%. The best performing handles were in the healthcare field, including NY Times Well, Kaiser Health News, Reuters Health and USA Today Health, which all had engagement rates greater than 4%.

A promoted video Twitter campaign launched on July 7. In less than one week, the campaign has generated nearly 300,000 impressions and 54,000 video views. The engagement rate is 18.61%, significantly exceeding the highest goal of 4%. Twitter campaigns are scheduled to run through November. To date, $22,000 has been spent of the $72,000 allocated for Twitter.

Goal 6: At least 50,000 video views on YouTube of new water fluoridation videos.
Two new videos are currently in production and will launch on YouTube in the third quarter.

New Content Creation. New visual, "snackable" content has been developed and repurposed as infographics and online widgets. The new content has been distributed via social media and digital channels during timely events including World Water Day and the U.S. Department of Health and Human Services announcement of the update to optimal fluoride levels. Signage featuring the new content was displayed in the U.S. Capitol rotunda during the Washington Leadership Conference. The signage will also be on display in the Capitol rotunda and the Washington D.C. convention center during the 2015 Annual Meeting.

Local Campaigns. A digital agency, Social Driver, has been contracted with a portion of the funds to conduct a local pilot campaign in a city and state where anti-fluoridation activists are a current threat. Social Driver has experience with the community water fluoridation issue as they have been working with the Harvard School of Dental Medicine to track online conversations around fluoride and vaccines. Social Driver will provide local online audience intelligence research and a campaign pilot strategy. The key insights and lessons learned can be used to scale the campaign to other cities and states. The local campaign will roll out in the late third to fourth quarter to engage city and state policymakers. See Appendix 1 for supporting materials.

Next Steps. To help sustain the momentum of the campaign into 2016, work will continue on content creation, organic search and social media. However, funding for this resolution was for one year, and to sustain and grow the campaign further, a paid digital/social media campaign is needed. Accordingly, the Council on Communications is requesting funding to continue the campaign in 2016. The funding will be used as follows:

Budget:	
$120,000	Paid Search Engine Optimization (SEO) - Google AdWords
$30,000	Paid social media - Twitter, Facebook, Google

The majority of the funding will be allocated to SEO because search engine results appear to be most concerning to the members. Tactics include at least $10,000 per month to maintain a Google AdWords campaign. Currently, spending includes approximately $13,000 per month to occupy the first paid search position. The goal is to continue to improve organic search results which would enable a reduction in the monthly expenditure on paid search. Paid social media could include timely content promoting fluoridation on Twitter, Facebook, and Google. It is anticipated that the test campaign with Social Driver in 2015 will yield lessons that we can apply to social media in 2016.

Resolution

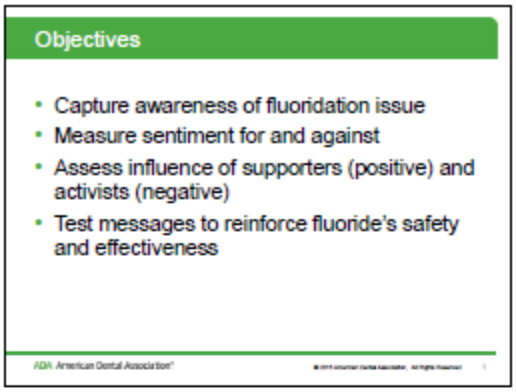
44. Resolved, that funding in the amount of $150,000 for continuation of the social media campaign for fluoridation be included in the 2016 budget.

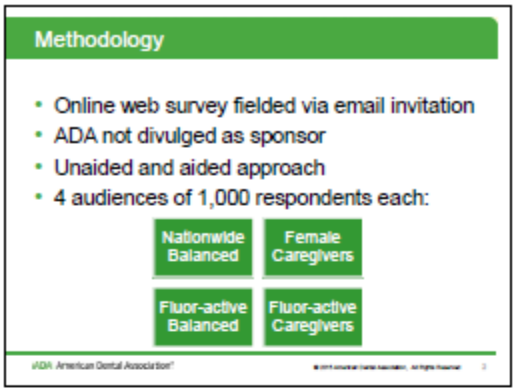
BOARD RECOMMENDATION: Vote Yes.

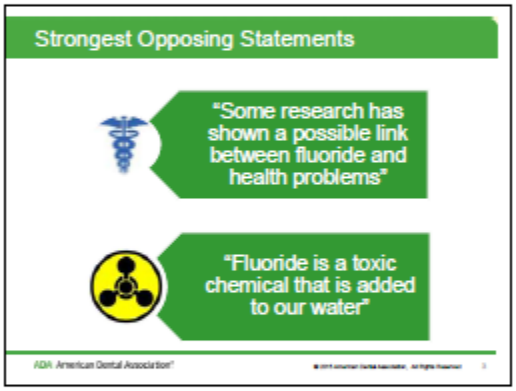
BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

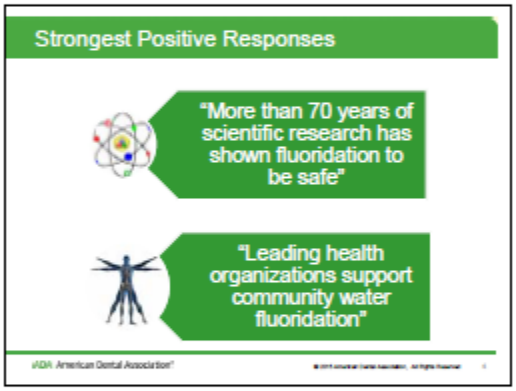
APPENDIX 1

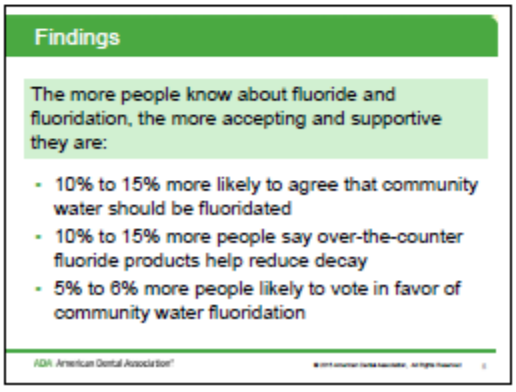
Consumer Fluoridation Study

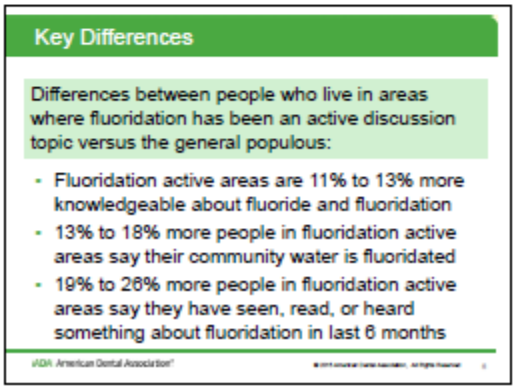


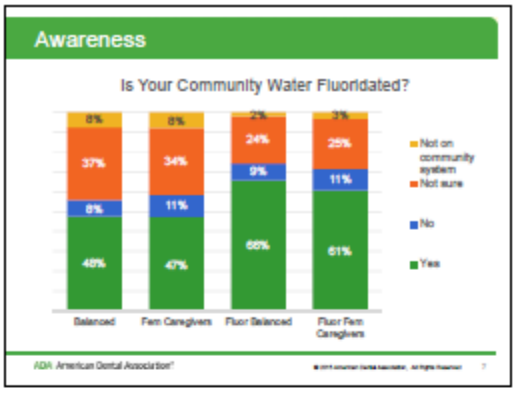


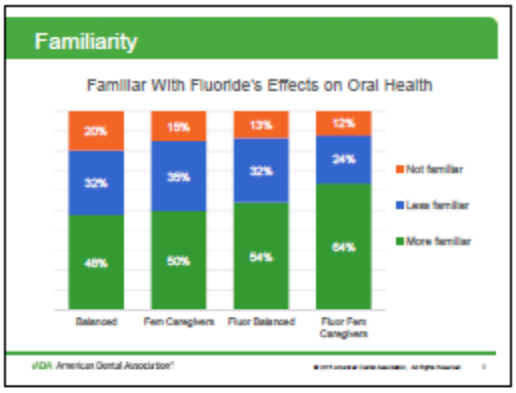


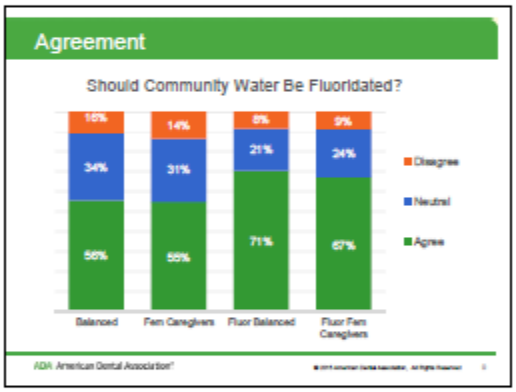


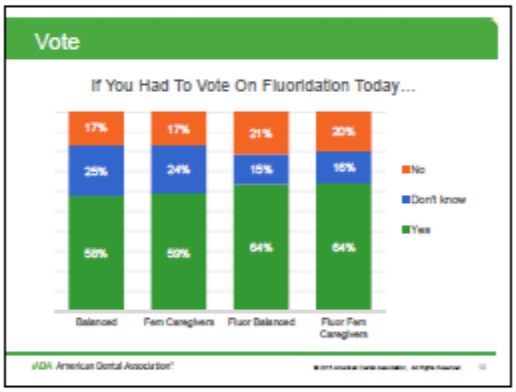


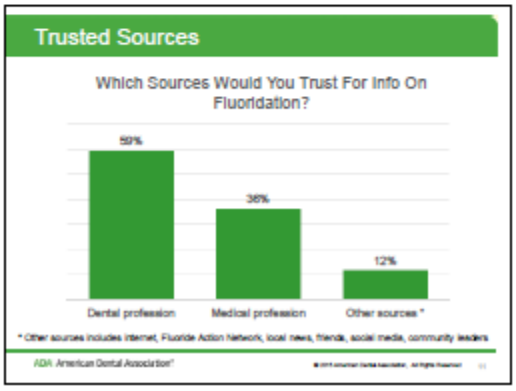



Awareness
Is Your Community Water Fluoridated?
8%
37%
8%
48%
8%
34%
11%
47%
2%
24%
9%
66%
3%
25%
11%
61%
Not on community system
Not sure
No
Yes
Balanced
Fem Caregivers
Fluor Balanced
Fluor Fem Caregivers
ADA American Dental Association®


Familiarity
Familiar With Fluoride's Effects on Oral Health
20%
32%
48%
15%
35%
50%
13%
32%
54%
12%
24%
64%
Not familiar
Less familiar
More familiar
Balanced
Fem Caregivers
Fluor Balanced
Fluor Fem Caregivers
ADA American Dental Association®

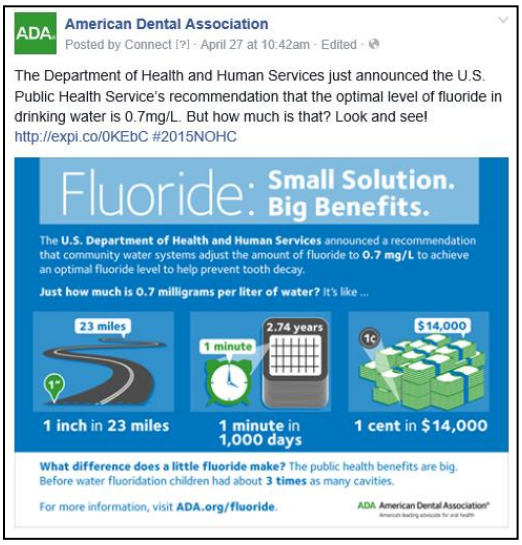

Agreement
Should Community Water Be Fluoridated?
16%
34%
56%
14%
31%
55%
8%
21%
71%
9%
24%
67%
Disagree
Neutral
Agree
Balanced
Fem Caregivers
Fluor Balanced
Fluor Fem Caregivers
ADA American Dental Association®

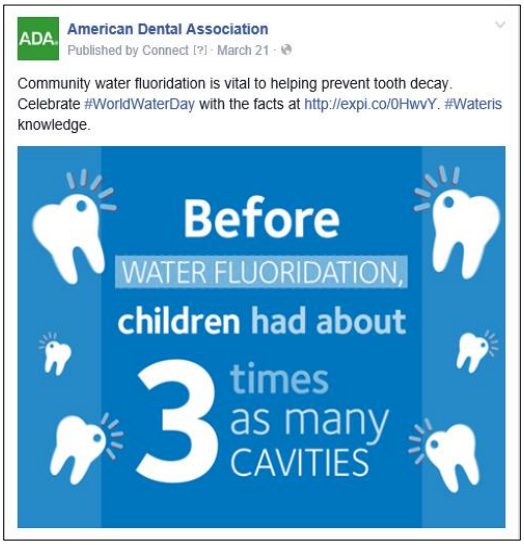

Vote
If You Had To Vote On Fluoridation Today...
17%
25%
58%
17%
24%
59%
21%
15%
64%
20%
16%
64%
No
Don't know
Yes
Balanced
Fem Caregivers
Fluor Balanced
Fluor Fem Caregivers
ADA American Dental Association®


Trusted Sources
Which Sources Would You Trust For Info On Fluoridation?
59%
38%
12%
Dental profession
Medical profession
Other sources*
* Other sources includes internet, Fluoride Action Network, local news, friends, social media, community leaders
ADA American Dental Association®

Social Media Examples

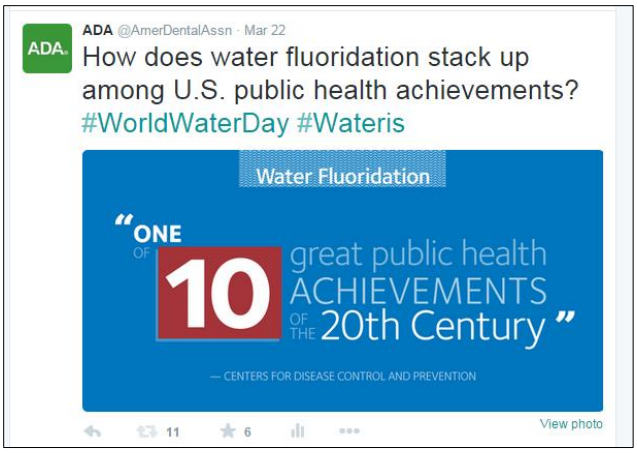
Facebook





Twitter

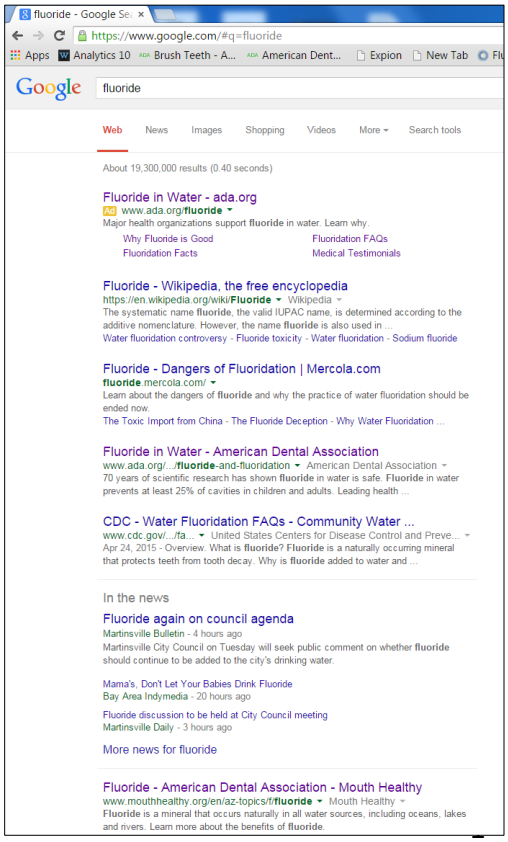

ADA
@AmerDentalAssn
Hate cavities? Drink water with #fluoride. It prevents 25% of cavities in children & adults.
ada.org/en/public-prog…
Before
WATER FLUORIDATION,
children had about
3 times as many
CAVITIES


ADA @AmerDentalAssn · Mar 22
How does water fluoridation stack up among U.S. public health achievements? #WorldWaterDay #Wateris
Water Fluoridation
"ONE OF 10 great public health ACHIEVEMENTS OF THE 20th Century"
— CENTERS FOR DISEASE CONTROL AND PREVENTION
11
6
View photo

1


ADA @AmerDentalAssn · Mar 19
Celebrating 70 years of community water fluoridation with the facts. #Wateris your health. expi.co/0HxBi
EVERY
$1
invested in water fluoridation
SAVES
$38
in
dental
treatment
21
9
View photo

Google Adwords Paid Search



2015 Budget Allocation Estimates for Social Media Expenses: $380,000*

	Per Month	**National**	**State & Local**
% of budget		70%	30%
Budget Allocation		$ 266,000.00	$ 114,000.00
Consumer Research		$ 17,000.00	Digital, social, preroll ads in 4 state/local areas.
Video		$ 20,000.00	
Google AdWords	$ 9,000.00	$ 72,000.00	
Facebook Ads	$ 8,625.00	$ 69,000.00	
YouTube Ads	$ 2,000.00	$ 16,000.00	
Promoted Tweets	$ 9,000.00	$ 72,000.00	
Total Spend		$ 266,000.00	$ 114,000.00

*$120,000 of the $500,000 total budget is allocated to a new CAPIR staff position.

Resolution No. 61-76 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON GOVERNMENT AFFAIRS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: RECENT COUNCIL ACTIVITY

Background: This report provides a response to 2014 House of Delegates resolutions not addressed in the Council's annual report.

Chair and Vice-Chair: The Council forwarded the name of Dr. J. Barry Howell to the Board of Trustees for approval as the Council's next chair and elected Dr. Mark E. Bronson as vice-chair.

The Strategic Plan of the American Dental Association: In support of the strategic plan goals so dentists may succeed and excel throughout their careers and/or help improve public health outcomes through effective collaboration with other stakeholders, the Council submits the following supplemental report to the House of Delegates.

Response to Assignments from the 2014 House of Delegates

Enforcing Regulations Concerning Online Marketplaces and the Sale of Dental Supplies/Materials. Resolution 66H-2014 states that the ADA petition the appropriate federal agencies to enforce the rules and regulations governing the sale of regulated dental supplies and materials and report to the 2015 House of Delegates. As stated in the CGA's Annual Report, on May 13, the ADA sent a letter to the Food and Drug Administration (FDA) stating the ADA is concerned that individuals who are not properly licensed to practice dentistry are purchasing dental equipment, frequently from gray market suppliers, for the illegal practice of dentistry, contrary to the FDA's requirements. Gray market products may be inferior because they have not been handled, shipped or stored properly (e.g., not refrigerated or kept at proper humidity) in the U.S. or overseas. In response, the FDA sent a letter to the ADA on June 10 that stated while the FDA does not have the authority to prevent the purchase of a product by an unlicensed person, the agency shares the Association's concern about gray market sales and has been working with websites in an attempt to address those concerns. In addition to working with regulatory authorities, the ADA is also working with state dental societies and dental product and equipment manufactures represented by the Dental Trade Alliance to try to address this complex issue of gray market purchases made outside the manufacturers' authorized distribution channels. For example, on August 3, the first in a series of articles focusing on the gray market and how it affects dentists, patients and manufacturers was published in the *ADA News*.

Policy on Dentist Rating by Third Parties. Resolution 110H-2014 states that third-party dentist ratings systems based on cost or non-validated utilization patterns are inherently unreliable, that the ADA will advise third parties about ADA policies relating to ratings systems and encourage them not to include

such ratings in their communications to the public, that the ADA pursue appropriate actions to oppose dentist ratings and ranking systems, and that the ADA draft model legislation to oppose such objectionable dentist rating and ranking systems in all dental benefits plans. On page 33 of its Annual Report, the Council on Dental Benefit Programs (CDBP) states that "Cigna was informed of ADA policies regarding dentist rating systems; Cigna postponed the implementation of the rating system; CDBP is continuing conversations with Cigna and other entities considering such ratings."

A number of legislative and administrative solutions have been adopted to address the concerns raised in this area and in a related area of concern involving value purchasing. In response to the Centers for Medicare and Medicaid Services (CMS), the ADA commented on proposed rules designed to allow states and managed care plans to establish methodologies or approaches affecting provider reimbursement that prioritize achieving health outcomes, not just delivering services. The ADA cautioned against moving too quickly into a value-based payment system for Medicaid dental providers. Currently there are no valid performance measures at the provider level. The ADA urged CMS to work with professional societies and multi-stakeholder alliances like the Dental Quality Alliance (DQA)[1] before embarking on any effort to move payment for dental services into the value based model. With the assistance of the ADA's Department of State Government Affairs (DSGA), legislative solutions to dentist rating and ranking systems have been proposed in Alabama and New York and passed in Colorado. A bill promoted by the Colorado Dental Association added dentists to the law that regulates how rating systems must act when evaluating dentists and physicians in Colorado. Legislation proposed in Alabama would have prohibited a health insurance entity from establishing a quality rating system for dentists using cost of services, and a New York proposal late last year would have prohibited health insurance entities from establishing rating systems for dentists based solely on cost of services. DSGA developed a toolkit for state dental societies interested in pursuing similar legislation.

Policy Review

The Council submits the following as a result of current policy review in accordance with Resolution 111H-2010, Regular Comprehensive Policy Review and Resolution 170H-2012.

Recommendations—Policies to be Maintained

The Council on Government Affairs reviewed the following policies and determined they should be maintained as written:

- Financial, Political and Administrative Consequences of Collective Bargaining Legislation (*Trans.*2000:506)
- Statute of Limitations (*Trans.*1997:708)
- Government Intrusion into Private Practice (*Trans.*1976:857)
- Legislation Prohibiting Discrimination of Benefit Payment Based on Professional Degree of Provider (*Trans.*1989:562)
- Trade Agreements (*Trans.*1993:711)
- ADA Support for Medical Injury Compensation Reform (*Trans.*2005:342)
- Federal Tort Reform Legislation (*Trans.*1993:708)
- Professional Liability Insurance Legislation (*Trans.*1984:548)
- Affiliation with the Alliance of the American Dental Association (*Trans.*1997:701)
- Protection of Retirement Assets (*Trans.*1987:521)

[1] The Dental Quality Alliance, established by the ADA at the request of CMS, is a partnership of 30 entities interested in collaboratively advancing performance measures to improve oral health, patient care and safety.

Recommendations—Policies to be Amended

The Council on Government Affairs recommends that the policy "Legislative Support to Allow Collective Bargaining by Professional Societies" be amended to eliminate dated language that refers to federal legislation ("Campbell bill") that is no longer valid.

61. Resolved, that the ADA policy on "Legislative Support to Allow Collective Bargaining by Professional Societies" (*Trans.*2001:440) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the Association continue to monitor developments and participate in discussions with other organizations exploring antitrust reform, particularly non "Campbell bill" like provisions of any proposals, and be it further~~

Resolved, that the Association support legislation that would allow professional societies and their members to be considered as "one" and exempt from antitrust scrutiny for the narrow area of collective bargaining, so that dental societies could collectively negotiate on behalf of members.

The Council on Government Affairs recommends that the policy "National Practitioner Data Bank Self-Generated Inquiries" be amended to eliminate the requirement that the ADA seek a prohibition of charging a fee for self-queries as the fee for self-queries is well established.

62. Resolved, that the ADA policy on ""National Practitioner Data Bank Self-Generated Inquiries" (*Trans.*1993:706) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the Association seek appropriate federal action to prohibit the National Practitioner Data Bank from charging for self-queries, and be it further~~

Resolved, that the Association seek appropriate federal action to prohibit an entity not otherwise authorized to query the Data Bank from coercing a provider to provide a self-query as a requirement for employment or to participate in a health insurance plan or for professional liability coverage, and be it further

Resolved, that the Association seek appropriate federal action to prohibit providers from being required to assign their rights of self-query to third parties.

The Council on Government Affairs recommends that the policy "Access to Professional Dental Care" be amended to eliminate the second resolving clause that addresses denturism because this provision is duplicative of more comprehensive current policy on denturism, such as "Opposition to Denturist Movement" (*Trans.*2001:436).

63. Resolved, that the ADA policy on "Access to Professional Dental Care" (*Trans.*1976:869) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

Resolved, that all Americans should have access to dental care provided by adequately trained and fully competent health care professionals, and be it further

~~**Resolved,** that the responsibility for the provision of denture care rests with the dentist, and the provision of substandard care solely through individuals of lesser training and competence is firmly opposed, and be it further~~

Resolved, that the American Dental Association and its constituent and component dental societies should take immediate steps to identify the economic and other barriers to full access to professional care within their jurisdictions and to seek remedies that will remove those barriers.

Recommendations—Polices to be Rescinded

The Council on Government Affairs reviewed the policy, "Faculty Recruitment Incentives" and recommends rescission because the policy is redundant with policies adopted in 2014 that call for enhanced incentives for dental school graduates to enter in teaching and research positions.

64. Resolved, that the ADA policy, Faculty Recruitment Incentives (*Trans.*2004:319) be rescinded.

The Council on Government Affairs reviewed the policy "Dentists and Unionization" and recommends rescission because this 1973 policy is dated and unnecessary. Current policy already directs the ADA to be mindful of the financial, political and administrative consequences of collective bargaining legislation.

65. Resolved, that the ADA policy, Dentists and Unionization (*Trans.*1973:346,655) be rescinded.

The Council on Government Affairs reviewed the policy "Change in Status for Personal Services Corporations" and recommends rescission because it is settled law that payments made from personal funds by an individual for his own benefit are not reportable to the National Practitioner Data Bank. The courts determined payments made by a professional corporation are reportable.

66. Resolved, that the ADA policy, Change in Status for Personal Services Corporations (*Trans.* 1996:716) be rescinded.

The Council on Government Affairs reviewed the policy "Access to National Practitioner Data Bank" and recommends rescission because current federal regulations address the issues identified in the policy as needing clarification, such as defining a "health care entity."

67. Resolved, that the ADA policy, Access to the National Practitioner Data Bank (*Trans.*1993:706) be rescinded.

The Council on Government Affairs reviewed the policy "National Practitioner Data Bank: Exemption of Fee Refunds" and recommends rescission because fee refunds are no longer required to be reported to the data bank, thereby satisfying the intent of the ADA policy.

68. Resolved, that the ADA policy, National Practitioner Data Bank: Exemption of Fee Refunds (*Trans.* 1990:562) be rescinded.

The Council on Government Affairs reviewed the policy "Restriction of Data Reporting Requirements" and recommends rescission because this policy is contrary to current law that requires reporting malpractice information to the data bank that goes beyond state board license suspensions and revocations and loss of hospital privileges.

69. Resolved, that the ADA policy, Restriction of Data Reporting Requirements (*Trans.*1990:562) be rescinded.

The Council on Government Affairs reviewed the policy "Dental Benefits for Federal Employees" and recommends rescission because the intent of the policy has been achieved with passage of the Federal Employee Dental and Vision Benefits Enhancement Act of 2004.

70. Resolved, that the ADA policy, Dental Benefits for Federal Employees (*Trans.*1992:598) be rescinded.

The Council on Government Affairs reviewed the policy "Social Security Income Restrictions" and recommends rescission as the law has changed in a manner called for this policy, which opposes restrictions on annual income for persons eligible for Social Security benefits.

71. Resolved, that the ADA policy, Social Security Income Restrictions (*Trans.*1980:583) be rescinded.

The Council on Government Affairs reviewed the policy "ADA Support of H.R. 1228 and S. 952 Hospital Resident Work Hours Legislation" and recommends rescission as the referenced legislation was introduced in the 108th Congress and no longer relevant in the 114th Congress.

72. Resolved, that the ADA policy, ADA Support of H.R. 1228 and S. 952 Hospital Resident Work Hours Legislation (*Trans.*2003:378) be rescinded.

The Council on Government Affairs reviewed the policy "Family Health Care Fairness Act of 1995" and recommends rescission as the referenced legislation is moot.

73. Resolved, that the ADA policy, Family Health Care Fairness Act of 1995 (*Trans.*1995:650) be rescinded.

The Council on Government Affairs reviewed the policy "Health and Welfare of Children" and recommends rescission because this policy has been superseded by the ADA's support for Medicaid dental coverage for children through the Early, Periodic Screening, Diagnosis and Treatment Program and the support of the Children's Health Insurance Program.

74. Resolved, that the ADA policy, Health and Welfare of Children (*Trans.*1989:562) be rescinded.

The Council on Government Affairs reviewed the policy "Definition of Indigent" and recommends rescission because information on federal poverty guidelines are provided by an agency within the Department of Health and Human Services, not the Office of Management and Budget.

75. Resolved, that the ADA policy, Definition of Indigent (*Trans.*1994:666) be rescinded.

Recommendations—New Policies

The Council on Government Affairs reviewed the policy, "Evaluation and Fulfillment of Dental Demand" and recommends rescission and substitute language because the ADA and state and local dental societies have worked to identify areas of unmet need by promoting projects such as Missions of Mercy and Give Kids a Smile and will continue to work on the Action for Dental Health program.

Promotion of Culturally Competent Oral Health Strategies for Underserved Communities

76. Resolved, that constituent dental societies be encouraged to promote oral health using culturally competent strategies for underserved communities and share these efforts with legislators and other public health officials, and be it further

Resolved, that Resolution 145H-1977 (*Trans*.1977:936), Evaluation and Fulfillment of Dental Demand, be rescinded.

Resolutions

(Resolution 61:Worksheet:5086)
(Resolution 62:Worksheet:5087)
(Resolution 63:Worksheet:5088)
(Resolution 64:Worksheet:5089)
(Resolution 65:Worksheet:5091)
(Resolution 66:Worksheet:5094)
(Resolution 67:Worksheet:5096)

(Resolution 68:Worksheet:5098)
(Resolution 69:Worksheet:5100)
(Resolution 70:Worksheet:5102)
(Resolution 71:Worksheet:5104)
(Resolution 72:Worksheet:5106)
(Resolution 73:Worksheet:5108)
(Resolution 74:Worksheet:5110)
(Resolution 75:Worksheet:5112)
(Resolution 76:Worksheet:5114)

Resolution No. 61 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT OF POLICY ON LEGISLATIVE SUPPORT TO ALLOW COLLECTIVE BARGAINING BY PROFESSIONAL SOCIETIES

Background: (See CGA Supplemental Report 1, Worksheet:5082)

Resolution

61. Resolved, that the ADA policy on "Legislative Support to Allow Collective Bargaining by Professional Societies" (*Trans.*2001:440) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the Association continue to monitor developments and participate in discussions with other organizations exploring antitrust reform, particularly non "Campbell bill" like provisions of any proposals, and be it further~~

Resolved, that the Association support legislation that would allow professional societies and their members to be considered as "one" and exempt from antitrust scrutiny for the narrow area of collective bargaining, so that dental societies could collectively negotiate on behalf of members.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 62 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT OF POLICY ON NATIONAL PRACTITIONER DATA BANK SELF-GENERATED INQUIRIES

Background: (See CGA Supplemental Report 1, Worksheet:5082)

Resolution

62. Resolved, that the ADA policy on ""National Practitioner Data Bank Self-Generated Inquiries" (*Trans.*1993:706) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

~~**Resolved,** that the Association seek appropriate federal action to prohibit the National Practitioner Data Bank from charging for self-queries, and be it further~~

Resolved, that the Association seek appropriate federal action to prohibit an entity not otherwise authorized to query the Data Bank from coercing a provider to provide a self-query as a requirement for employment or to participate in a health insurance plan or for professional liability coverage, and be it further

Resolved, that the Association seek appropriate federal action to prohibit providers from being required to assign their rights of self-query to third parties.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 63 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT OF POLICY ON ACCESS TO PROFESSIONAL DENTAL CARE

Background: (See CGA Supplemental Report 1, Worksheet:5082)

Resolution

63. Resolved, that the ADA policy on "Access to Professional Dental Care" (*Trans.*1976:869) be amended to read as follows (additions underscored; deletions are ~~stricken~~):

Resolved, that all Americans should have access to dental care provided by adequately trained and fully competent health care professionals, and be it further

~~**Resolved,** that the responsibility for the provision of denture care rests with the dentist, and the provision of substandard care solely through individuals of lesser training and competence is firmly opposed, and be it further~~

Resolved, that the American Dental Association and its constituent and component dental societies should take immediate steps to identify the economic and other barriers to full access to professional care within their jurisdictions and to seek remedies that will remove those barriers.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 64 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON FACULTY RECRUITMENT INCENTIVES

Background: (See CGA Supplemental Report 1, Worksheet:5083)

Resolution

64. Resolved, that the ADA policy, Faculty Recruitment Incentives (*Trans.*2004:319) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Faculty Recruitment Incentives (*Trans*.2004:319)

Resolved, that the American Dental Association work with the American Dental Education Association (ADEA) and the National Health Service Corps (NHSC) Loan Repayment Program to encourage legislation/funding to provide student loan deductions or waivers for full-time faculty as an incentive to encourage young health professionals to enter and remain in academic teaching programs, and be it further

Resolved, that the appropriate ADA agency present a report to the 2005 ADA House of Delegates of the status and action toward implementation.

Resolution No. 65 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON DENTISTS AND UNIONIZATION

Background: (See CGA Supplemental Report 1, Worksheet:5083)

Resolution

65. Resolved, that the ADA policy, Dentists and Unionization (*Trans.*1973:346,655) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Dentists and Unionization (*Trans*.1973:346, 655)

Continuing debate over health care delivery in the United States has led some dentists to wonder if it would be in their own best interest or that of the dental profession to form a union.

The debate itself makes clear that professional associations must work harder than ever before to be sensitive to the legitimate self-interest of dentists and to represent that view accurately in public forums.

However, the American Dental Association has concluded after careful consideration that unionization would be harmful to the true self-interest of the nation's dentists. It takes this position based on both professional and legal considerations.

Dentistry, since its founding, has been a profession. A profession by its very nature undertakes special obligations with respect to society that few other groups even contemplate, much less assume. A profession looks not merely to its own self-interest but is equally concerned about and responsive to the needs of those it serves. The written codes of ethics adopted by professional associations make this clear. In compensation for its assumption of these obligations, professions have historically been viewed in a special light by society at large and by government. To cite only one example, all states limit the practice of the dental profession to those especially educated and licensed and place the administration of these matters into the hands of professional peers.

The fact that a professional person serves in a special way does not, of course, mean that society has unlimited power with respect to him or her. Professionals have legitimate self-interests that they are thoroughly entitled to actively espouse and vigorously protect.

For more than a century, most dentists have chosen to blend these special obligations and legitimate self-interests and to pursue them in harmony through the mechanism of a professional organization, the American Dental Association. Various specialty groups, structured in similar ways, have also come into being through the years as the need for them has become apparent.

Such professional organizations have consistently attempted to combine social obligations and personal objectives. An excellent example of this posture is afforded by Article II of the Constitution of the American Dental Association, which states that the Association's objective is to "encourage the improvement of the health of the public, to promote the art and science of dentistry and to represent the interests of the members of the dental profession and the public which it serves."

The political turmoil over health care delivery has in recent years severely tested the viability of the professional association. Profound changes in various aspects of dental practices have been suggested and some changes, especially with respect to third-party activity, are already evident.

The fundamental questions on health care being debated today revolve about such areas as licensure, the sovereignty of professional judgment with respect to treatment decisions and delegation of clinical procedures, the methods by which evident demand and less measurable need can be accommodated and, finally, the appropriate role of public sector bodies, such as the federal government, in helping to broaden access to the health care system when necessary.

The records of associations make clear their potential value in settling these professional matters. On the other hand, the establishment or proliferation of unions would confuse and perhaps anger the public by making it seem that the dental profession is largely indifferent to basic matters of public policy and prefers

to concentrate its attention and influence primarily on matters relating to dentists' working conditions and rate of compensation.

It must also be noted that a union is an entity well-defined by law: an employer-employee relationship is present; the union takes action with respect to such conditions of employment as wages, working environment and fringe benefits; and a union has at its disposal such economic weapons as the threat of strikes, strikes themselves and legally allowable boycotts.

An organization of self-employed persons, on the other hand, is not a union as legally understood today and lacks the right to those special immunities under the law that actual unions possess. Collective bargaining can, for example, be illegal when undertaken by a group of self-employed persons though it is perfectly licit for organized employees. While some forms of boycotting are permitted to unions, they are illegal if undertaken by others. Whether an organization's title contains the word "union" is of no importance, it will be judged by its actions.

Since the vast majority of dentists are self-employed, substantial legal problems can be encountered if they were to band together and attempt to act as a union—unless most dentists wish simply to abandon their traditional self-employment status. These legal considerations offer additional reason for the view that unionization is not in the best interest of dentists. The services that the dentist alone can provide are more than a desirable convenience, they are a necessity. No dentist, surely, can view with equanimity even the theoretical prospect of withholding his or her professional services from someone in pain or seriously ill in order to gain economic leverage in a dispute over income.

If dentists believe they should continue to have a voice in debating and resolving fundamental national policy with respect to health care, then a professional association has continued and even enhanced utility. And a professional association has the advantage of making it clear to the public that dentists work with equal commitment to protect the best interests of practitioners and patients alike. With active united support from all members of the profession, associations will do this while, at the same time, assuring the public that so long as dentists can help it, patients will never become helpless in a narrow, selfish struggle over health care delivery.

Resolution No. 66 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON CHANGE IN STATUS FOR PERSONAL SERVICES CORPORATIONS

Background: (See CGA Supplemental Report 1, Worksheet:5083)

Resolution

66. Resolved, that the ADA policy, Change in Status for Personal Services Corporations (*Trans.* 1996:716) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Change in Status for Personal Services Corporations (*Trans*.1996:716)

Resolved, that the appropriate agencies of the ADA pursue, at an appropriate time, legislation and/or regulatory relief for members who are incorporated so that Professional Service Corporations are no longer considered “entities” which are required to report to the National Practitioner Data Bank.

Resolved, that the ADA policy, Access to the National Practitioner Data Bank (*Trans.*1993:706) be rescinded.

Resolution No. 67 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON ACCESS TO THE NATIONAL PRACTITIONER DATA BANK

Background: (See CGA Supplemental Report 1, Worksheet:5083)

Resolution

67. Resolved, that the ADA policy, Access to the National Practitioner Data Bank (*Trans.*1993:706) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Access to National Practitioner Data Bank (*Trans*.1993:706)

Resolved, that the Association supports limiting access to the National Practitioner Data Bank to those persons and entities originally authorized to report to and query the Data Bank by the Health Care Quality Improvement Act of 1986, and be it further

Resolved, that the Association seek to clarify that the term “health care entity” as used in the Act refers to hospitals, professional societies and other health care entities that directly provide health care services to patients and engage in a formal peer review process, and be it further

Resolved, that the National Practitioner Data Bank be required to independently verify that all health care entities that seek to report to or query the Data Bank are, in fact, eligible to do so. The Council on Government Affairs reviewed the policy “Restriction of Data Reporting Requirements” and recommends rescission because this policy is contrary to current law that requires reporting malpractice information to the data bank that goes beyond state board license suspensions and revocations and loss of hospital privileges.

Resolution No. 68 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON NATIONAL PRACTITIONER DATA BANK: EXEMPTION OF FEE REFUNDS

Background: (See CGA Supplemental Report 1, Worksheet:5083)

Resolution

68. Resolved, that the ADA policy, National Practitioner Data Bank: Exemption of Fee Refunds (*Trans.*1990:562) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

National Practitioner Data Bank: Exemption of Fee Refunds (*Trans*.1990:562)

Resolved, that the ADA believes the U.S. Department of Health and Human Services has misinterpreted the law in suggesting that fee refunds must be reported to the Data Bank, and be it further

Resolved, that the ADA urge the U.S. Department of Health and Human Services to correct its erroneous interpretation of the statutes by eliminating its requirement that fee refunds be reported to the Data Bank, and be it further

Resolved, that the ADA seek amendment to the current statute which would exempt the reporting of fee refunds to the Data Bank, retroactive to September 1, 1990.

Resolution No. 69 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON RESTRICTION OF DATA REPORTING REQUIREMENTS

Background: (See CGA Supplemental Report 1, Worksheet:5083)

Resolution

69. Resolved, that the ADA policy, Restriction of Data Reporting Requirements (*Trans.*1990:562) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Restriction of Data Reporting Requirements (*Trans*.1990:562)

Resolved, that the American Dental Association continue its legislative efforts and legal remedies in conjunction with other interested health organizations to restrict data reporting requirements to state board license suspensions and revocations, and loss of hospital privileges.

Resolution No. 70 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON DENTAL BENEFITS FOR FEDERAL EMPLOYEES

Background: (See CGA Supplemental Report 1, Worksheet:5083)

Resolution

70. Resolved, that the ADA policy, Dental Benefits for Federal Employees (*Trans.*1992:598) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Dental Benefits for Federal Employees (*Trans*.1992:598)

Resolved, that in recognizing that federal employees may receive employment benefits that are comparable to those received by employees in private industry, the American Dental Association supports legislation authorizing the purchase of comprehensive dental benefits from private sources or the funding of direct reimbursement dental benefits for federal employees, and be it further

Resolved, that in dealing with such authorizing legislation the appropriate agencies of the Association be instructed to apply the policies contained in the Statement on Dental Benefit Plans (*Trans*.1988:481) and Standards for Dental Benefit Plans (*Trans*.1989:547), and be it further

Resolved, that direct payments from these programs be made only to employees or their attending dentists.

Resolution No. 71 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON SOCIAL SECURITY INCOME RESTRICTIONS

Background: (See CGA Supplemental Report 1, Worksheet:5084)

Resolution

71. Resolved, that the ADA policy, Social Security Income Restrictions (*Trans.*1980:583) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Social Security Income Restrictions (*Trans*.1980:583)

Resolved, that the American Dental Association, speaking as the voice of dentists of America, go on record as being opposed to the restrictions in annual income for all persons who become eligible for Social Security, and be it further

Resolved, that this information be communicated to all organizations (i.e., American Association of Retired Persons, etc.) working to change these inequities in the Social Security laws, and be it further

Resolved, that the membership of the American Dental Association be informed of any legislation introduced for this purpose so that they can communicate their views and lend their support to this effort.

Resolution No. 72 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON ADA SUPPORT OF H.R. 1228 AND S. 952 HOSPITAL RESIDENT WORK HOURS LEGISLATION

Background: (See CGA Supplemental Report 1, Worksheet:5084)

Resolution

72. Resolved, that the ADA policy, ADA Support of H.R. 1228 and S. 952 Hospital Resident Work Hours Legislation (*Trans.*2003:378) be rescinded**.**

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

ADA Support of H.R. 1228 and S. 952 Hospital Resident Work Hours Legislation (*Trans*.2003:378)

Resolved, that the American Dental Association supports H.R. 1228 and S. 952, as introduced during the 108th Congress.

Resolution No. 73 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON FAMILY HEALTH CARE FAIRNESS ACT OF 1995

Background: (See CGA Supplemental Report 1, Worksheet:5084)

Resolution

73. Resolved, that the ADA policy, Family Health Care Fairness Act of 1995 (*Trans.*1995:650) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Family Health Care Fairness Act of 1995 (*Trans*.1995:650)

Resolved, that for the benefit of the oral health of the American public, the ADA immediately initiate an aggressive lobbying campaign in Congress to advance the provisions of "The Family Health Care Fairness Act of 1995" as originally introduced, and be it further

Resolved, that the ADA compile data on the effects of managed care on the oral health of the American public including, but not limited to, the effects of managed care on the cost, accessibility and quality of oral health care, and be it further

Resolved, following the adjournment of the 1995 House of Delegates, the ADA develop strategies through its appropriate agencies to introduce legislation concerning requirements governing managed care, and be it further

Resolved, that from the above data a lobbying campaign message be immediately developed emphasizing the effects that the objectives and ramifications of managed care have on the oral health of the American public.

Resolution No. 74 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON HEALTH AND WELFARE OF CHILDREN

Background: (See CGA Supplemental Report 1, Worksheet:5084)

Resolution

74. Resolved, that the ADA policy, Health and Welfare of Children (*Trans.*1989:562) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Health and Welfare of Children (*Trans*.989:562)

Resolved, that the Association, in its actions in the political arena, assumes whenever possible, a proactive position on issues of child health and welfare (e.g. hunger, homelessness, drug abuse), and be it further

Resolved, that the Association encourages its constituent and component societies to actively support this position.

Resolution No. 75 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

RESCISSION OF POLICY ON DEFINITION OF INDIGENT

Background: (See CGA Supplemental Report 1, Worksheet:5084)

Resolution

75. Resolved, that the ADA policy, Definition of Indigent (*Trans.*1994:666) be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Indigent (*Trans*. 1994:666)

Resolved, that the following be the definition of indigent:
Indigent: Those individuals whose income falls below the poverty line as defined by the federal Office of Management and Budget (OMB).

Resolution No. 76 New

Report: CGA Supplemental Report 1 Date Submitted: October 2015

Submitted By: Council on Government Affairs

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

PROMOTION OF CULTURALLY COMPETENT ORAL HEALTH STRATEGIES FOR UNDERSERVED COMMUNITIES

Background: (See CGA Supplemental Report 1, Worksheet:5084)

Resolution

Promotion of Culturally Competent Oral Health Strategies for Underserved Communities

76. Resolved, that constituent dental societies be encouraged to promote oral health using culturally competent strategies for underserved communities and share these efforts with legislators and other public health officials, and be it further

Resolved, that Resolution 145H-1977 (*Trans*.1977:936), Evaluation and Fulfillment of Dental Demand, be rescinded.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

WORKSHEET ADDENDUM
COUNCIL ON GOVERNMENT AFFAIRS
ADA POLICY TO BE RESCINDED

Evaluation and Fulfillment of Dental Demand *(Trans*.1977:936)

Resolved, that all constituent dental societies be urged to assess the profession's ability to meet the dental are demand of its citizens, and be it further

Resolved, that constituent societies be encouraged to conduct professionally directed public information programs to communicate the scope and content of these dental health care programs to the general public, legislators and other public officials, and be it further

Resolved, that constituent societies be requested to report routinely these activities to the Board of Trustees for dissemination to appropriate Association agencies.

Resolution No. 80-82 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2015

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: RECENT COUNCIL ACTIVITY

Background: This report provides a response to 2014 House of Delegates resolutions not addressed in the Council's annual report and provides an update on other council activities.

Chair and Vice Chair: The Council forwarded the name of Dr. Cesar Sabates to the Board of Trustees for approval as the Council's next chair and elected Dr. Andrew Soderstrom as the next vice-chair.

The Strategic Plan of the American Dental Association: In support of the strategic plan goals so dentists may succeed and excel throughout their careers and/or help improve public health outcomes through effective collaboration with other stakeholders, the Council submits the following supplemental report to the House of Delegates.

Community Dental Health Coordinator: The Community Dental Health Coordinator (CDHC) curriculum is currently being offered in several states including New Mexico, Arizona, Illinois, and Florida. There are now 37 CDHCs working in 9 states. Schools in California and Virginia will be offering the program in 2016 with additional states expected to sign the Licensing Agreement before the end of this year. The "basic" version of the CHDC curriculum does not require a change to a State Dental Practice Act and can be integrated into an existing dental assisting or dental hygiene curriculum. For example, all 33 incoming students into the dental hygiene program at Prairie State College of Illinois have elected to participate in the CDHC program simultaneously. Efforts to "reboot" the program in Oklahoma (a pilot site) will include a technical school with close student ties to the Chickasaw Nation. The program offered by Rio Salado College features an online component which allows students in 41 states to participate. There are 15 CDHC students from three different states enrolled for the Rio program which begins in late September.

Engaging Native American Communities / CDHC: In 2014, CAPIR developed a 10 Year Oral Health Plan which was approved by the Navajo Nation. In 2015, Navajo Community Health Representatives began to complete the ADA endorsed program Smiles for Life in preparation to enter the CDHC program at Central College New Mexico. Interest has also been expressed by the Apache Nation for CDHC training for their health workers. Efforts to "reboot" the program in Oklahoma (a pilot site) will include a technical school with close ties to the Chickasaw Nation.

ER Diversion: CAPIR staff were invited to participate with American Society of State and Territorial Dental Directors in their Dent Quest funded national project on ER Referral Best Practices. This two year

project will provide research and a broadened community with interest in this area, including HRSA, CMS and AAPHD.

Choosing Wisely: Choosing Wisely is an initiative from the American Board of Internal Medicine through a grant from the Robert Wood Johnson Foundation. The purpose of the program is to educate consumers about conversations to have with their clinicians about treatment options. Over 70 organizations are participating in the initiative.

Participation by organizations in the program is by invitation only. ADA is the only dental organization that has been invited to participate. The value it provides to dentists and patients is the opportunity to promote science based treatment information for consumers. Organizations who participate are also eligible for elevated status in grant opportunities.

The Choosing Wisely Steering Committee selected by CAPIR was a workgroup of 10 members from CSA, CAPIR, AAOMS and dental school faculty. They collaborated with an expanded group of stakeholders in drafting final versions of evidence based discussion topics for clinicians and patients. The work group collaborated with many parties of interest in developing draft statements.

The participation in the Choosing Wisely initiative as well as the science of the 10 final statements was unanimously approved by CAPIR. The top 5 statements as voted by the Council were sent to the Board for approval and were adopted for the initial program launch. An oversight committee from appropriate ADA agencies will review the statements annually. As is discussed in greater detail below, each statement is supported by Evidence Based Guidelines and/or ADA Policy.

ADA volunteer leaders, spokespersons and staff will orchestrate a multi-phase program to educate leaders, members and the public about the Choosing Wisely campaign. The three-phase campaign will begin with informing volunteers about the statements adopted by the Board, followed by a member program in advance of the consumer launch. The consumer education campaign will be sequenced to create a stream of messages designed to advance health literacy in dentistry.

Choosing Wisely represents an opportunity to reinforce the ADA's position as the leading advocate for oral health. However, participating in the program does come with some risk: while the ADA has control over what will be published on the Choosing Wisely website, it cannot control how journalists interpret the information. Journalists, may take the statements, interview non-ADA spokespersons who may misinterpret or disagree with the information, and write a story based on conclusions beyond our control. (Of course, the risk of bad media coverage exists whether the ADA participates in Choosing Wisely or not.)

Mitigating this risk is the likelihood of the ADA having an opportunity to have its position heard and to influence media coverage due to ADA's role in the program. In addition, a second risk is that patients may interpret these statements as absolute rather than a vehicle to begin a conversation with the dentist. There are also risks in not participating in Choosing Wisely. It is likely that another dental organization would step into this space at the invitation of the organizers if the ADA were to withdraw. This could result in the ADA ceding a leadership role and, perhaps, having another organization with views on key issues contrary to our own assuming that role.

Statements may be retained or modified as new scientific evidence becomes apparent. Current activities involve ADA Communications and CAPIR working with Consumer Reports for educating consumers on the ADA selected topics.

Choosing Wisely Recommendation Statements

Indicated below are evidence based guidelines, as well as ADA policy and other dental association guidelines that are relevant to the five Choosing Wisely Recommendation Statements. The statements are intended to be discussion topics between patients and clinicians, not clinical guidelines or treatment

protocols. Each of the five statements is listed, with supporting citations following. (Note: these statements are embargoed until final approval as noted by the grant.)

- **Don't recommend non-fluoride toothpaste for infants and children.**
  - Council on Scientific Affairs. American Dental Association. Fluoride toothpaste use for young children. JADA 2014;145(2):190-91.
  - American Academy of Pediatric Dentistry. Guideline on Fluoride Therapy. Pediatr Dent 2014;36(6): 171-74.

- **Sealant use in incipient (non-cavitated) occlusal caries should be considered in lieu of restorative intervention as a first line of treatment.**
  - Universal Healthcare reform (Trans.2008:433)Health System Reform: PREVENTION PAYS. The key to improving and maintaining oral health is preventing oral disease. Community-based preventive initiatives, such as community water fluoridation and school-based screening and sealant programs are proven and cost-effective measures. These should be integral to oral health programs and policies, and will provide the greatest benefit to those at the highest risk of oral disease.
  - Evidence-based clinical recommendations for the use of pit-and-fissure sealants: a report of the American Dental Association Council on Scientific Affairs. J Am Dent Assoc. 2008 Mar;139(3):257-68.

- **Protective stabilization, sedation or general anesthesia in pediatric patients should not be undertaken without consideration of all options with the legal guardian.**
  - Guidelines for the Use of Sedation and General Anesthesia by Dentists (Trans.2007:282; 2012:468)
    For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
  - Guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures: An update. Pediatrics 2006; 118 (6):2587–2602.
  - Council on Clinical Affairs, American Academy of Pediatric Dentistry. Guideline on protective stabilization for pediatric dental patients. Pediatr Dent 2014; 36(6): 192-96.
  - Council on Clinical Affairs, American Academy of Pediatric Dentistry. Guideline on behavior guidance for the pediatric dental patient. Pediatr Dent 2014;36 (6):179-191.
  - Council on Clinical Affairs, American Academy of Pediatric Dentistry. Policy on a patient's bill of rights and responsibilities. Pediatr Dent 2014;36(6): 113-14.
  - Council on Clinical Affairs, American Academy of Pediatric Dentistry. Guideline on protective stabilization for pediatric dental patients. Pediatr Dent. 2013 Sep-Oct;35(5):E169-73.
  - American Academy of Pediatrics and American Academy of Pediatric Dentistry. Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures Pediatr Dent. 2008-2009;30(7 Suppl):143-59.

- **Irreversible procedures such as braces, occlusal equilibration, and restorations should not be routinely used as the first treatment of choice in the management of temporomandibular disorders.**
  - Treatment for Temporomandibular Joint Dysfunction: guidelines. Ottowa (ON): Canadian Agency for Drugs and Technologies in Health (CA); 2010 May 17. 6 p.
  - Educational Committee of the European Academy of Craniomandibular Disorders. Recommendations by the EACD for examination, diagnosis, and management of patients

with temporomandibular disorders and orofacial pain by the general dental practitioner. J Orofac Pain. 2008 Summer;22(3):268-78.
  - Interventions for the management of temporomandibular joint osteoarthritis. Cochrane Database Syst Rev. 2012 Apr 18;4:CD007261.
  - Guidelines: diagnosis & management of temporomandibular disorders & related musculoskeletal disorders. Toronto (ON): Royal College of Dental Surgeons of Ontario (CA); 2009. 11 p.

- **Don't replace restorations just because they are old.**
  - Use of Amalgam as Restorative Material (*Trans*.1986:536)

Resolved, that based on current documented scientific research, the conclusions of conferences and symposiums on the biocompatibility of metallic restorative material, and upon joint reports of the Council on Dental Materials, Instruments and Equipment and the Council on Dental Therapeutics of the Association, the continued use of dental amalgam as a restorative material does not pose a health hazard to the non-allergic patient, and be it further

Resolved, that to advocate to a patient or the public the removal of clinically serviceable dental amalgam restorations solely to substitute a material that does not contain mercury is unwarranted and violates the ADA Principles of Ethics and Code of Professional Conduct, and be it further

Resolved, that in those instances where state dental boards initiate proceedings on this question that the ADA cooperate in such proceedings by making available scientific personnel as expert witnesses.

  - Use of Amalgam as Restorative Material (*Trans*.1986:536) (second resolve)

Resolved, that to advocate to a patient or the public the removal of clinically serviceable dental amalgam restorations solely to substitute a material that does not contain mercury is unwarranted and violates the ADA Principles of Ethics and Code of Professional Conduct.

Response to Assignments from the 2014 House of Delegates

ADA Social Media Campaign on Water Fluoridation. In response to Resolution 101H-2014, the Council continues to support Communications efforts to implement Resolution 101H-2014 (*Trans*.2014:515) by providing technical assistance with documents and analysis of fluoridation campaign activity across the United States. As of mid-September 2015, the Council had provided fluoridation technical assistance to multiple communities in 28 states. The 70th Anniversary Fluoridation Celebration and Symposium was held at ADA Headquarters on September 11-12, 2015 and highlighted via a variety of social media activities. Marking an important public health anniversary, 90 people from 28 states and two countries participated in the meeting that marked 70 years since fluoridation began in Grand Rapids, Michigan. The meeting was collaboratively planned by the American Academy of Pediatrics; American Association of Public Health Dentistry; American Dental Association; Association of State and Territorial Dental Directors; and the Centers for Disease Control and Prevention Division of Oral Health. The opening session was devoted to different perspectives on the history of fluoridation. The remainder of the day-and-a-half event was dedicated to discussing the current science surrounding fluoridation, sharing legislative and legal strategies and focusing efforts on securing water fluoridation for U.S. communities with expert panelists and presenters.

Health Literacy. In response to Resolution 84RC (*Trans.*2014:514), Development of Association Dental Health Education Materials, the Council staff provides technical assistance to ADA internal agencies

including Council on Scientific Affairs, Council on Dental Practice, Council on Communications, Council on Dental Practice and ADA Publishing by reviewing patient educational material content for appropriate use of health literacy principles. Technical assistance requests included reviews of various ADA patient education brochures, MouthHealthy.org, ADA's Hermey the Elf campaign and JADA *For the Patient* articles. ADA CAPIR and Communications collaborated with the Ohio Dental Association and Case Western Reserve School of Dental Medicine to implement a dental student competition where students submitted essays about oral health and diabetes. The winning essay was posted on MouthHealthy.org. This collaborative effort provided a learning experience for the dental students and an opportunity for them to participate in an ADA activity. Additionally, the project provided health literate content for MouthHealthy.org and a Power of Three opportunity for a state dental association and ADA to collaborate. Moving forward, CAPIR will continue to consult with ADA publishing staff to assist them in developing health literate patient education pamphlets CAPIR staff provide assistance to Dr. Lindsey Robinson, ADA Trustee and member of the National Academy of Medicine (NAM) Health Literacy Roundtable, in the development of NAM whitepapers that will inform external agencies about ADA's efforts with health literacy.

School Based Oral Health Programs. In response to Resolution 38 (*Trans.*2010:559), the Council developed an interagency workgroup consisting of volunteer members from CAPIR, Council on Scientific Affairs, Council on Communications and Council on Dental Practice to develop a dedicated school-based oral health site on ADA.org. The workgroup's objective is to identify resources that dental professionals and other professionals with an interest in school-based health care can use to develop or administer a program. In preparation for the webpage, the workgroup has reviewed available resources, identified informational gaps where resources need to be developed and is in the process of working with Communications to determine formatting. The anticipated webpage launch date is December 2015 with the workgroup developing impact goals before the launch.

Support for FQHCs. In response to Resolutions 91H (*Trans.*2014:508), 92H (*Trans.*2014:508), *and* 93H (*Trans.*2014:508), the Medicaid Provider Advisory Committee and CAPIR staff continue to work with ADA membership on enhancing collaboration between private dental practitioners and FQHC dentists via CE presentations at the Annual Meeting ("The ABCs of FQHCs") and ADA Leadership presence at the National Network for Oral Health Access Annual Meeting. This year, Drs. Summerhays and OLoughlin will be speakers at the Plenary Session of NNOHA.

Policy Review

The Council submits the following as a result of current policy review in accordance with Resolution 111H-2010 and 170H-2012 (*Trans.*2010:603; *Trans.*2012:370), Review of Association Policies.

Recommendations—Policies to be Maintained

The Council on Access, Prevention and Interprofessional Relations reviewed the following policy and determined it should be maintained as written:

Groundwater with Natural Levels of Fluoride Higher than 2.0 Parts Per Million (*Trans.*1999:921)

Recommendations—Policies to be Amended

The Council on Access, Prevention and Interprofessional Relations recommends that policy on "Operational Policies and Recommendations Regarding Community Water Fluoridation" (*Trans.*1997:673) be amended due to the length of time from the adoption of the original policy and new information that renders this policy inaccurate.

80. Resolved, that ADA Policy on "Operational Policies and Recommendations Regarding Community Water Fluoridation" (*Trans.*1997:673) be amended to read as follows (additions underscored; deletions ~~stricken~~):

1. The Association endorses community water fluoridation as a safe, beneficial and cost-effective and socially equitable public health measure for preventing dental caries in children and adults.
2. The Association supports ~~the position that all communal water supplies that are below the optimum fluoride level recommended by the U.S. Public Health Service (a range from 0.7—1.2 parts per million) should be adjusted to an optimum level~~ the fluoridation of community water systems as recommended by the U.S. Public Health Service.
3. The Association urges individual dentists and dental societies to exercise leadership in all phases of activity which lead to the initiation and continuation of community water fluoridation, including making scientific knowledge and resources available to the community and collaborating with state and local agencies.
4. ~~The Association encourages individual dentists and dental societies to utilize Association materials on the community organization and public education aspects of fluoridation.~~
5. ~~The Association encourages states to utilize the corps of experts in the area of fluorides and fluoridation that is maintained through appropriate Association agencies in order to promote the safety, benefits and cost-effectiveness of fluoridation.~~
6. The Association encourages governmental, ~~agencies and~~ philanthropic ~~organizations~~ and other entities to make funding available to communities seeking ~~to adjust the fluoride content of the community's water supply to the optimal level~~ initiate and/or maintain community water fluoridation.
7. The Association supports the following actions to maintain the quality of national community water fluoridation and its infrastructure:

    - performance of ~~a~~ periodic assessments of community water fluoridation infrastructure needs ~~assessment by state health departments where such information is not currently~~ by appropriate state agencies;
    - allocation of needed resources to or by appropriate state agencies to upgrade and maintain the fluoridation infrastructure; and
    - observance ~~of the Centers for Disease Control and Prevention's *Engineering and Administrative Recommendations for Water Fluoridation—1995* by fluoridated water systems in all states~~ of the standards established by the appropriate state agencies related to engineering and administrative recommendations for water fluoridation in accordance with guidance issued by the Centers for Disease Control and Prevention.

The Council on Access, Prevention and Interprofessional Relations recommends that policy on "Fluoridation of Water Supplies" (*Trans.*1950:224) be amended due to the length of time from the adoption of the original policy and new information that renders this policy inaccurate.

81. Resolved, that ADA Policy on Fluoridation of Water Supplies (*Trans.*1950:224) be amended as follows (additions underscored; deletions ~~stricken~~):

Resolved, that in the interest of public health, the American Dental Association recommends the fluoridation of ~~municipal water supplies when the fluoridation procedure is approved by the local dental society and utilized~~ community water systems in accordance with the standards established by the ~~responsible health~~ appropriate authority, and be it further

Resolved, that the American Dental Association ~~recommends the continuation of controlled studies of the benefits derived from the fluoridation of water supplies~~ supports ongoing research on the safety and effectiveness of community water fluoridation.

Recommendations—New and Rescinded Policy

The Council on Access, Prevention and Interprofessional Relations reviewed the policy, "Guidelines for Hospital Dental Services" (*Trans*.1991:618). In 2014, the Council had proposed some changes to this policy, but they were referred back to the Council by the House of Delegates. After further study, the Council developed the following new policy proposal to reflect updated protocols of current hospital privileging for dentists.

Guidelines for Hospital Dental Services

82. Resolved, the American Dental Association believes that all dentists who practice in hospitals should be eligible for hospital privileges. These privileges include performance of history and physical examinations, diagnosis, treatment and admission in accordance with their education, training and current competencies, consistent with the protocols and guidelines of the hospital where they have privileges, and be it further

Resolved, that "Guidelines for Hospital Dental Services" (*Trans*.1991:618) be rescinded.

Resolutions

(Resolution 80:Worksheet:5123)
(Resolution 81:Worksheet:5125)
(Resolution 82:Worksheet:5126)

BOARD COMMENT: Subsequent to the meeting of CAPIR and the August Board meeting, the American Board of Internal Medicine requested that the Choosing Wisely statements be editorially modified to comply with their established format.

All statements are based on existing ADA Policy and/or Evidence Based Dentistry.

The ADA Board of Trustees made the editorial changes to statements 2, 3, and 4 as follows:

2. Avoid restorative treatment as the first line of treatment in incipient (non-cavitated) occlusal caries without first considering sealant use.

3. Avoid protective stabilization, sedation or general anesthesia in pediatric patients without consideration of alternative options with the legal guardian.

4. Avoid major procedures such as braces, occlusal equilibration and restorations as the first treatment of choice in the management of temporomandibular disorders.

Resolution No. 80 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2015

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT OF POLICY ON OPERATIONAL POLICIES AND RECOMMENDATIONS REGARDING COMMUNITY WATER FLUORIDATION

Background: (See CAPIR Supplemental Report 1, Worksheet:5120)

Resolution

80. Resolved, that ADA Policy on "Operational Policies and Recommendations Regarding Community Water Fluoridation" (*Trans.*1997:673) be amended to read as follows (additions underscored; deletions ~~stricken~~):

1. The Association endorses community water fluoridation as a safe, beneficial and cost-effective and socially equitable public health measure for preventing dental caries in children and adults.
2. The Association supports ~~the position that all communal water supplies that are below the optimum fluoride level recommended by the U.S. Public Health Service (a range from 0.7—1.2 parts per million) should be adjusted to an optimum level~~ the fluoridation of community water systems as recommended by the U.S. Public Health Service.
3. The Association urges individual dentists and dental societies to exercise leadership in all phases of activity which lead to the initiation and continuation of community water fluoridation, including making scientific knowledge and resources available to the community and collaborating with state and local agencies.
4. ~~The Association encourages individual dentists and dental societies to utilize Association materials on the community organization and public education aspects of fluoridation.~~
5. ~~The Association encourages states to utilize the corps of experts in the area of fluorides and fluoridation that is maintained through appropriate Association agencies in order to promote the safety, benefits and cost-effectiveness of fluoridation.~~
6. The Association encourages governmental, ~~agencies and~~ philanthropic ~~organizations~~ and other entities to make funding available to communities seeking ~~to adjust the fluoride content of the community's water supply to the optimal level~~ initiate and/or maintain community water fluoridation.
7. The Association supports the following actions to maintain the quality of national community water fluoridation and its infrastructure:

- performance of ~~a~~ periodic assessments of community water fluoridation infrastructure needs ~~assessment by state health departments where such information is not currently~~ by appropriate state agencies;
- allocation of needed resources to or by appropriate state agencies to upgrade and maintain the fluoridation infrastructure; and
- observance ~~of the Centers for Disease Control and Prevention's *Engineering and Administrative Recommendations for Water Fluoridation—1995* by fluoridated water systems in all states~~ of the standards established by the appropriate state agencies related to engineering and administrative recommendations for water fluoridation in accordance with guidance issued by the Centers for Disease Control and Prevention.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 81 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2015

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

AMENDMENT OF POLICY ON FLUORIDATION OF WATER SUPPLIES

Background: (See CAPIR Supplemental Report 1, Worksheet:5121)

Resolution

81. Resolved, that ADA Policy on Fluoridation of Water Supplies (*Trans.*1950:224) be amended as follows (additions underscored; deletions ~~stricken~~):

Resolved, that in the interest of public health, the American Dental Association recommends the fluoridation of ~~municipal water supplies when the fluoridation procedure is approved by the local dental society and utilized~~ community water systems in accordance with the standards established by the ~~responsible health~~ appropriate authority, and be it further

Resolved, that the American Dental Association ~~recommends the continuation of controlled studies of the benefits derived from the fluoridation of water supplies~~ supports ongoing research on the safety and effectiveness of community water fluoridation.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 82 New

Report: CAPIR Supplemental Report 1 Date Submitted: September 2015

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

GUIDELINES FOR HOSPITAL DENTAL PRIVILEGES

Background: (See CAPIR Supplemental Report 1, Worksheet:5122)

Resolution

Guidelines for Hospital Dental Services

82. Resolved, the American Dental Association believes that all dentists who practice in hospitals should be eligible for hospital privileges. These privileges include performance of history and physical examinations, diagnosis, treatment and admission in accordance with their education, training and current competencies, consistent with the protocols and guidelines of the hospital where they have privileges, and be it further

Resolved, that "Guidelines for Hospital Dental Services" (*Trans*.1991:618) be rescinded.

BOARD COMMENT: For purposes of clarity, the Board modified the original resolution to reflect the ability of dentists who treat patients in hospital settings to perform other duties concurrent with their level of training.

82B. Resolved, the American Dental Association believes that all dentists who practice in hospitals should be eligible for privileges that may include performance of history and physical examinations, diagnosis, treatment and admission in accordance with their education, training and current competencies, consistent with the protocols and guidelines of the hospital where they have privileges, and be it further

Resolved, that "Guidelines for Hospital Dental Services" (Trans.1991:618) be rescinded.

BOARD RECOMMENDATION: Vote Yes on the Substitute.

Vote: Resolution 82B

ASAI	Yes	DOW	Yes	JEFFERS	Yes	STEVENS	Yes
BITTER	Yes	FAIR	Yes	KWASNY	Yes	SUMMERHAYS	Yes
BUCKENHEIMER	No	GAMBA	Yes	ROBERTS	Yes	YONEMOTO	Yes
COLE	Yes	GEHANI	Yes	ROBINSON	Yes	ZENK	Yes
CROWLEY	Yes	ISRAELSON	Yes	SHENKIN	Yes	ZUST	Yes

WORKSHEET ADDENDUM
COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS
ADA POLICY TO BE RESCINDED

Guidelines for Hospital Dental Services (*Trans.*1991:618)

Guideline I: Medical Staff Bylaws, Rules and Regulations
There is a single medical staff that includes dentists who are eligible for all categories of medical staff membership.

Guideline II: Clinical Privileges
Dentist members of the medical staff participate in the development of the scope and extent of clinical privileges granted to a dentist.

Guideline III: Admission, Management and Discharge of Patients
Qualified dentist members of the medical staff are granted privileges to admit, manage and discharge their patients.

Guideline IV: Organizational Structure
The medical/dental staff organization provides a framework within which duties and functions of the dental service can be carried out effectively.

Guideline V: Department or Section Meetings
Regularly scheduled meetings of the dental department/section are consistent with the medical/dental staff bylaws.

Guideline VI: Financial, Facility and Personnel Resources
As a department/service involved in the budget process of the hospital, the dental department/service is provided adequate resources to meet the mission of the department/service and to assure efficient delivery of optimal oral health care.

Guideline VII: Infection Control
Sterilization and infection control procedures are in compliance with currently recognized standards.

Guideline VIII: Emergency Dental Care
Oral health care is included in the emergency service of the hospital.

Guideline IX: Pathology Services
All specimens removed during surgical procedures are properly identified and, where appropriate, sent to the pathologist for laboratory examination.

Guideline X: Library Services
The hospital provides library services appropriate for professional needs of the dental service.

Guideline XI: Medical Records
Dental records are part of the patient’s medical record in accordance with the standard procedure of the hospital.

Guideline XII: Quality Improvement
The dental service maintains and participates in a quality improvement program consistent with Joint Commission on Accreditation of Healthcare Organizations standards.

Resolution No. 83 New

Report: N/A Date Submitted: September 2015

Submitted By: Fifteenth Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

REMOVING MEMBERSHIP BARRIERS

The following resolution was adopted by the Fifteenth Trustee District and transmitted on September 23, 2015, by Mr. Mike Geeslin, executive director, Texas Dental Association.

Background: The American Dental Association *Bylaws* CHAPTER I. MEMBERSHIP is confusing to the average reader. In addition, it establishes barriers to dentists wishing to become members of the American Dental Association.

Resolution

83. Resolved, that the appropriate agency of the American Dental Association rewrite CHAPTER I. MEMBERSHIP with the following suggestions in mind:

1. CHAPTER I. MEMBERSHIP be written in plain language such that a reasonable dentist, reading the CHAPTER for the first time, can understand it,

2. Section 20. A. ACTIVE MEMBER be re-written with the following subcategories. Each subcategory will describe Qualifications, Privileges, and Dues and Special Assessments:

    a. Active Member – Practicing
    b. Active Member – Retired
    c. Active Member – Non-practicing
    d. Active Member – Life Practicing
    e. Active Member – Life Retired
    f. Active Member – Faculty
    g. Active Member – Student
    h. Active Member – Post-graduate Student
    i. Active Member – Federal Dental Service
    j. Active Member – Honorary
    k. Active Member – Provisional
    l. Active Member – Associate
    m. Active Member – Affiliate

2. Active Member – Faculty, Active Member – Post-graduate Student, and Active Member – Federal Dental Service will not be required to have licenses as part of their Qualifications.

They will be eligible for membership in the constituent and component dental society in which they are located.

4. Years of membership of Active Member – Faculty, Active Member – Post-graduate Student, and Active Member – Federal Dental Service be counted for purposes of establishing eligibility for Active Member – Life Practicing and Active Member – Life Retired.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 84 New

Report: CAPIR Supplemental Report 2 Date Submitted: September 2015

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS SUPPLEMENTAL REPORT 2 TO THE HOUSE OF DELEGATES: WORLD HEALTH ORGANIZATION

Background: The World Health Organization (WHO) recently updated its guidance of free sugar intake, *Guideline: Sugars Intake for Adults and Children,* to reduce the risk of noncommunicable diseases (NCDs). The objective of the WHO guideline is to provide sound recommendations on appropriate intake of free sugars to control unhealthy weight gain and development of dental caries in populations. NCDs are the leading cause of death globally and were responsible for 68% of the 56 million deaths in 2012. Modifiable risk factors, which include poor diet, are one of the most common causes of NCDs. High levels of free sugar intake are associated with poor quality diet, obesity and risk of NCDs.

The guideline recommendations focus on the documented health effects associated with the intake of "free sugars" which include sugars added to foods by manufacturers, cooks or consumers and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. *Free sugars* are distinct from *intrinsic sugars* in that intrinsic sugars are present naturally in whole fresh fruit and vegetables. Since there has been no reported evidence that links the consumption of intrinsic sugars to adverse health effects, the WHO Guideline does not apply to the consumption of intrinsic sugars that are present naturally in whole fresh fruits and vegetables. For the same reason, the WHO Guideline does not apply to sugar naturally found in milk.

Of major concern is the balance between dietary intake and overall energy intake. The intake of free sugars increases overall energy intake that may contribute to a decreased consumption of more nutritionally sound foods and to unhealthy weight gain. Added sugars also contribute to the development of dental caries. Dental diseases have been deemed by the WHO as the most prevalent NCD globally, contributing to poor school attendance, pain, anxiety of dental services and compromised self- image due to tooth loss.

Excess weight gain and development of dental caries in populations are the key concerns that directed the focus of the WHO recommendations. Both have added significantly to health care budgets in many countries. The WHO Guideline recommends that in both children and adults, free sugar intake should be reduced to less than ten percent of total energy intake throughout the course of life.

The following are key points in the WHO guideline:

- The guideline will prove valuable for policy decisions in many countries
- The guideline will assist countries, government officials and nutritional program planners in assessing intake of free sugars of their populations

- The guideline were developed in accordance with evidence-based developed procedures which are outlined in the WHO Handbook for Guideline Development
- The Nutrition Guidance Expert Advisory Group (NUGAG) was convened for this project with the input of an external peer review group and public consultation

The guideline includes the following recommendations:

- WHO recommends a reduced intake of free sugars throughout the lifespan (strong recommendation)
- For both adults and children, WHO recommends reducing the intake of free sugars to less than 10% of total caloric (energy) intake (strong recommendation)
- WHO suggests a further reduction of the intake of free sugars to below 5% of total energy intake (conditional recommendation)

The recommendations are based on an analysis of the latest scientific evidence. Evidence supports that adults who consume less sugars have lower body weight and that increasing consumption of sugars is associated with a weight increase. Studies showed a potential link between high intakes of sugar-sweetened drinks and overweight or obese children. Furthermore, evidence shows an increased rate of dental caries when the intake of free sugars is above 10% of total intake compared to an intake of free sugars less than 10% energy intake. Based on the quality of supporting evidence the WHO ranked the first two recommendations as strong. According to the WHO Handbook for Guideline Development, a strong recommendation indicates that "the "desirable effects of adherence to the recommendation outweigh the undesirable consequences."

The third recommendation is ranked as a conditional recommendation – where the desirable outcomes of following the recommendation probably outweighs any undesirable effects; however, the tradeoffs were not clear; therefore, additional stakeholder conversation and discussion is needed before the recommendation is implemented. In the case of dental caries, the conditional recommendation is based on the fact that the negative health effects of caries span a lifetime and are due to lifelong exposure to dietary risk factors such as free sugars. Accordingly, even a small reduction in dental caries risk during childhood can be of significance in later life. The recommendation to further limit free sugars intake to less than five percent might minimize lifelong risk of dental caries.

At a Council meeting earlier this year, CAPIR heard from speakers on the WHO recommendations and discussed the importance of ADA support of the guidelines. The Council reviewed the potential of promoting the WHO nutritional guidelines as part of the Action for Dental Health. With this increased focus on preventive strategies to reduce dental caries in vulnerable populations, endorsement of the WHO nutritional guideline will promote deeper understanding of the role nutrition plays in caries prevention.

ADA's support of the *WHO Guideline on Sugar Intake for Adults and Children* will demonstrate its commitment to eliminate dental disease by supporting nutritional guidelines that encourage healthy eating habits.

For these reasons, it is recommended that the following resolution be adopted:

Resolution

84. Resolved, that ADA supports the World Health Organization's 2015 Guideline on Sugar Intake for Adults and Children.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 85 New

Report: CAPIR Supplemental Report 3 Date Submitted: September 2015

Submitted By: Council on Access, Prevention and Interprofessional Relations

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

COUNCIL ON ACCESS, PREVENTION AND INTERPROFESSIONAL RELATIONS SUPPLEMENTAL REPORT 3 TO THE HOUSE OF DELEGATES: CHIEF STATE MEDICAID DENTAL OFFICER AND MEDICAID DENTAL ADVISORY COMMITTEE

Background: The goals of the ADA's *Action for Dental Health* Medicaid Initiative is to increase the number of dentists participating and to increase the number of dental services delivered to Medicaid-eligible individuals. Increasing reimbursement is the primary incentive, but one that is not always feasible within the current political and fiscal climate of individual states. There are other incentives that may prove similarly attractive. To that end, the Council on Access, Prevention and Interprofessional Relations' (CAPIR) Medicaid Provider Advisory Committee (MPAC) sought to reduce the administrative burdens associated with Medicaid participation.

The MPAC developed a document, entitled "Ten Steps toward Enhancing your State Dental Medicaid Program," that state dental associations could advocate for in striving to improve their respective state Medicaid dental programs. Most of the steps outlined were provider-focused. Some steps were more costly, time consuming, and challenging for states to achieve than others. Two action steps were seen as being pivotal for success, as they could serve as catalysts for many of the others. Those foundational steps that would make a significant difference would be the establishment of a Chief Medicaid Dental Officer (CMDO) and a Medicaid dental advisory committee in each state.

The Chief Medicaid Dental Officer would be a subject matter expert regarding both oral health and dental Medicaid. This individual would be the professional liaison from the state to the dental community, both individual participating dentists and the state dental association. In most circumstances, the CMDO would chair the state Medicaid dental advisory committee.

These advisory committees serve in the following capacities:

- Provide a conduit for non-binding recommendations to the State Medicaid agency
- Allow professional input to the establishment or revision of medical necessity guidelines for dental procedures
- Allow professional consultation regarding the State's Dental Periodicity Schedule
- Allow representation and input from stakeholder organizations including, but not limited to state dental associations, dental specialty associations, state primary care associations, dental public health, dental schools, advocacy groups, third party payers and others
- Provide a forum whereby participating dentists can voice concerns through committee members;

- Facilitate greater partnership, harmony, and collaboration among oral health stakeholders towards the common goal of improving the oral health of Medicaid-eligible individuals
- Allow two-way communication and education of both the committee members and the state Medicaid agency in order to improve the state dental Medicaid program.

State dental associations can participate in an existing committee or take a leadership role in bringing the appropriate diverse oral health stakeholders together to form such an advisory committee. The Council on Access, Prevention and Interprofessional Relations has recommended the following resolution to the 2015 House of Delegates:

Resolution

85. Resolved, that the American Dental Association encourages all state dental associations to work with their state Medicaid agency in hiring a Chief Medicaid Dental Officer, who is a member of organized dentistry, and be it further

Resolved, that the American Dental Association encourages all state dental associations to actively participate in the establishment or continuation of an existing Medicaid dental advisory committee that is recognized by the state Medicaid agency as the professional body to provide recommendations on Medicaid dental issues.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 90 New

Report: N/A Date Submitted: October 2015

Submitted By: Second Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $2,300,000 (2016) Net Dues Impact: $21.75

Amount One-time	$2,040,000	Amount On-going	$10,000,000 per year (2017-2020)	FTE	2

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

IMPROVING THE BRAND OF THE ADA MEMBER

The following resolution was adopted by the Second Trustee District and transmitted on October 14, 2015, by Dr. Mark Feldman, executive director, New York State Dental Association.

Background: New dentists now graduate with a level of debt unheard of in the past. Couple this with the crucial demographic that younger generations tend not to join professional and/or service organizations, and we face a situation in which organized dentistry as we know it is in crisis.

Dental service organizations such as Aspen Dental, etc., have taken the bull by the horns, so to speak, by launching aggressive media campaigns aimed at promoting their brand to the public. Traditionally, many of us have scoffed at marketing as a technique to bolster tripartite membership, feeling, sometimes rightly so, that such methods cheapen the high standards of ethics and professionalism of dentistry.

However, in order to remain viable and vibrant, organizations need to stay ahead of the curve and to address the concerns and needs of their current and potential members. There is a saying that "advertising doesn't cost, it pays." With that in mind, and considering the very real issues faced by individual dentists and all levels of the tripartite, it is time to study the concept of developing a comprehensive media campaign aimed at improving the overall brand of ADA membership. Crucial tenets of ADA membership, such as continuing education, ethics and community service, could be illuminated in such a campaign. If properly constructed and developed, such a campaign would raise awareness of the significance of the ADA and its membership, as well as enhance the image of the profession.

In these times, budgetary constraints are paramount in all the House's decision making and planning. However, carefully developing a national media campaign is a prudent use of our resources and an excellent investment in our collective future.

Resolution

90. Resolved, that the ADA develop a media campaign to differentiate and improve the brand of the ADA member dentists in the public eye. This campaign would cover social media and/or print media and/or radio and/or television, and be it further

Resolved, that samples of this campaign be ready for the 2016 ADA House of Delegates for review so that the campaign can be rolled out in 2017. In addition, budgetary estimates, with

funding options, should be presented for the distribution costs of the campaigns through the various media outlets.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Resolution No. N/A N/A

Report: Board Report 11 Date Submitted: October 2015

Submitted By: Board of Trustees

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: None

How does this resolution increase member value: See Background

REPORT 11 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ANNUAL REPORT OF THE STATE PUBLIC AFFAIRS PROGRAM OVERSIGHT COMMITTEE

Oversight Workgroup History and Status: The State Public Affairs (SPA) Program is in its eighth year of public affairs program funding in 2015. The ADA Board of Trustees (BOT) created a Volunteer Oversight Workgroup for the program in 2009 with a revised membership and charge made in 2012.

The SPA Volunteer Oversight Workgroup oversees the administration of the State Public Affairs Program (SPA). The Oversight Workgroup holds monthly conference calls (or as required) throughout the year.

During these calls, the Oversight Workgroup receives updates on activities in the states and addresses budget issues and grant decisions. The Workgroup also develops selection criteria and approves the applications of states for participation in the SPA Program. In addition, the Oversight Workgroup assesses the effectiveness of each participating state through mid-year and end-of-year reviews.

The members of the Workgroup, two from the Council on Government Affairs (CGA), one from the Council on Communications (CC), and two members of the BOT, are appointed by the President to serve on the Workgroup annually. The members of the 2015 SPA Volunteer Oversight Workgroup are: Dr. Richard Black (CGA – chair), Dr. Gary Yonemoto (BOT), Dr. Jeffery Cole (BOT), Dr. Ralph Howell (CC) and Dr. Barry Howell (CGA).

Currently the Workgroup is in preparing the application process for the beginning of 2016.

Financial Summary: The 2014 ADA House of Delegates approved a budget for the 2015 program in the amount of $2.59 million, a decrease of $250,000 from 2014. With this decrease and an increasing demand for state enrollments, the Workgroup sought to stretch the resources as far as possible. However, it became necessary to seek supplemental funding from the Board in April given the demand. The supplemental appropriations of $300,000 brought the total 2015 budget to $2.89 million. To date in 2015, SPA has made the following expenditures: After setting aside administrative costs ($660,000 – National consultant fees, travel and office expenses) and $300,000 in contingency funds, $2.23 million was available for grants to states. Of that amount $2.083 million has been allocated as grants to enrolled states.

Report of State Activities: The ADA SPA project continues to provide strategic direction, support and day-to-day oversight for public affairs activities undertaken by state dental societies in 26 states. Collectively, the project helps guide public affairs programs within the states, assisting the states in identifying their own active solutions for expanding access to oral care, helping states counter efforts to

remove fluoride from municipal water supplies and providing resources to tackle these and other emerging issues for the dental profession at the state level. This ongoing engagement has helped to enhance the effectiveness of state public affairs programs and shared learning across states, while allowing each state to pursue campaigns and tackle public affairs challenges in a manner appropriate to its own needs.

Additionally, the SPA program has developed into one of the primary vehicles for coordination and support for the ADA's **Action for Dental Health** (ADH) project, an initiative to effectively reduce barriers to oral health care both locally and nationally by developing workable projects to: provide care now; strengthen the dental safety net; and enhance prevention and education.

Other primary issues include:

- **Workforce** challenges continue to become more pervasive with states across the nation facing legislative challenges to create dental midlevels in 2015. Those states include: **Connecticut, Georgia, Hawaii, Kansas, Massachusetts (not SPA enrolled), New Mexico, North Dakota, South Carolina (not SPA enrolled), Texas, Vermont, and Washington** to counter the threats and demonstrate what states are doing to expand access.
- Other enrolled states did not have legislation, but experienced significant organizing activities by proponents in preparation of legislative introductions. Those states include: **Colorado, Florida, Michigan, Mississippi, New Hampshire and Ohio**.
- SPA continues to manage the **Native American Project** and that program's strategic direction and ensures all states (**Arizona, New Mexico, North Dakota, South Dakota and Washington**) are sharing information. This includes on-going development of a pipeline project to bring Native students into the dental professions.

Workforce: Advocates for midlevel providers continue to press their case aggressively. The Kellogg Foundation and the Pew Charitable Trusts Children's Dental Campaign have committed millions of dollars over many years to organize oral health coalitions in various states and advance alternative workforce legislation. As a result of these resources and an increased aggressiveness among workforce advocates, there continues to be a significant number of states that will be considering workforce legislation in 2016.

To counter these threats and demonstrate what states are doing to expand access to care, SPA continues to work with the states to identify active access solutions, provide strategic direction, offer media relations advice, support local lobbyists and develop communications materials to support the targeted states. As communication around this issue develops, the SPA program monitors progress, offers counsel on strategy and shares resources across state lines. For example, SPA has updated a workforce toolkit that includes strategies and materials states can use, as well as information developed by adversaries so state dental societies know what to expect from Pew, Kellogg and their allies. The toolkit is available on ADA Connect and is periodically updated.

Additionally, SPA hosts bi-weekly workforce calls with SPA and non-SPA states facing these threats. The calls help the states learn what to expect from Kellogg, Pew and other groups pushing workforce positions – how they buy ads, pitch Op-Eds and organize coalitions. The states use this knowledge-sharing to draft active plans to address access issues and help strengthen their communications. States targeted by Kellogg, Pew and others seeking to establish alternative workforce models are invited to join these calls.

In 2015 another development matured within the debate with significant impacts with bills in **North Dakota and Washington** to permit tribal entities to hire dental therapists certified or licensed in other states (currently only Alaska and Minnesota). While neither attempt was successful, this will be a growing trend in many states going forward.

The only state where legislation was enacted in 2014 was in Maine, where a vastly amended dental hygiene therapy law was signed by the governor in late May. The measure creates a pathway for a dental hygienist to add therapy scope to their license, but will be required to work with the on-site supervision of a dentist. However, implementation of the law has been slow as the rule development process continues as of this writing.

Fluoride: There has been a noticeable uptick in anti-fluoride activity around the country in recent years. Many states have supported local campaigns to add fluoride to water supplies. A host of attempts both statewide and locally continue to attempt to chip away at the public health gains achieved via community water fluoridation. Despite these challenges, the overall trend is positive with the number of individuals with access to community water fluoridation continues to grow across the nation.

Native American Project: The purpose of the Native American Oral Health Care Project is to identify workable solutions to dental care issues facing tribes in Arizona, New Mexico, North Dakota, South Dakota and Washington. The local consultants and state executive directors continue to hold meetings throughout the states with tribal leaders in order to engage Native Americans on access to care issues.

In 2011, New Mexico became the first state to authorize a CDHC in statute. As of the fall 2014 semester, Central New Mexico Community College in Albuquerque opened the first full CDHC program since the end of the three year ADA pilot program. Working with the Navajo Nation and the Native American project in New Mexico and Arizona, students from the tribe are among the initial program graduates and are currently completing internships within the program.

Jointly, Arizona and New Mexico are working with the Navajo Nation to develop a 10 year oral health plan for the tribal government and to sponsor a pathway into dental assisting and the New Mexico CDHC program as of fall, 2014.

Working with the states, SPA continues to steer the strategic direction of the project and ensure all state associations involved are sharing information. A bi-weekly Native American call is now conducted in order for all four states to have an opportunity to speak with each other. The group plans to discuss, among other things, goals and processes for reporting outcomes with regards to CDHC, the education pipeline and the translation of work on the ground in the states to the formation of national policy as well as develop specific workgroups for each specific topic.

Additionally, associations in North and South Dakota have begun to gain traction with members of Congress to work to eliminate barriers to provider credentialing on Native lands. A consistent, workable policy within IHS and the tribes would go far to enable dentists (and other health care professionals) who wish to volunteer with the tribes to have the license and credential portability to do so without overly cumbersome regulatory requirements.

SPA Resources: SPA has developed a series of documents to help state societies and associations. These resources prevent states from having to “reinvent the wheel” and further encourage states to share information. Working together the ADA staff along with the national SPA consultants, periodically update these resources to include recent initiatives. These resources include:

- **Bank of Legislative Solutions:** lists legislative initiatives various states have undertaken to address access challenges, which dental societies have developed and/or supported;
- **Case Studies:** provides in-depth analysis of different states’ legislative accomplishments;
- **Action for Dental Health (ADH) Implementation Toolkits:**
    - CDHC
    - Interprofessional Collaborations
    - Contracting with FQHCs
    - ER Referral
    - Community Water Fluoridation

- Give Kids a Smile/Missions of Mercy
- Medicaid Reform
- Nursing Home/IME

- **Social Media Guide:** offers a step-by-step guide on how to use social media to more successfully engage important audiences;
- **Dentist Salary Talking Points:** lays out appropriate talking points when asked about the economics of the dental profession and dentist earnings in general, especially as the cost of care remains an unfortunate barrier to access during these lean economic times;
- **Dentists as Doctors Handbook:** outlines easily implementable initiatives to strengthen the perception of dentists as highly-skilled medical professionals; and
- **Coalition Guide:** explains how building coalitions can strengthen your position on oral health, and how to build and manage a successful coalition.

State Activities-details

STATE	ISSUES
Arizona	• Native American Project as described above. Renewed tribal interest in DHAT in 2015.
California	• Medical Loss Ratio implementation. • Medicaid Reform.
Colorado	• CDA has prepared for workforce legislation that did not materialize in 2015, although proponents continue to hold conversations in the state. • CDA worked to implement the partial restoration of adult dental Medicaid benefits and work to develop new ways to bring dentists to more remote areas of the state. • Colorado is working with the Rural Hospital Assn. to develop an ER referral project in the eastern part of the state. • The Assn. is promoting a “Take 5” program among its members, urging them to accept at least 5 Medicaid patients to help provide wider access to dental care.
Connecticut	• Each year the CSDA faces another effort by workforce proponents to pass an ADHP bill. In 2015, legislation was introduced. Additionally legislation to prohibit community water fluoridation was introduced as well as renewed agitation against dental amalgam.
Delaware	• Delaware is a 1st time 2015 enrollee. The effort there is to provide a comprehensive landscape study to support their position of appropriate numbers of dentists in the state.
Florida	• As a state with new midlevel challenges, FDA aggressively rolled out their ADH campaign. Additionally, FL has a newly opened community college offering a CDHC program.
Illinois	• A significant push for collaborative practice hygiene began in the legislature in 2015 and may be the precursor for midlevel action.
Hawaii	• HDA joined SPA in 2014 looking to reposition the association within the legislature. We’ve taken promising initial steps with the hiring of a good firm there and 2015

	has brought the added challenge of 2 dental therapy bills being introduced. While the bills did not advance, it's provided a good impetus for broader efforts in HI.
Idaho	• ISDA continues to face a number of challenges including: countering the claims of workforce proponents that the state lacks adequate dental capacity; preventing dental hygienists from expanding their scope of practice or establishing a separate board; restoring adult dental Medicaid; opening the DentaQuest provider panel developing the state-based health insurance exchange. Additionally, the very active hygiene assn. continues to explore ways to advance ADHP. Further, denturists are using these opportunity to attempt to modify their scope and regulatory systems. • ISDA made significant strides in all these areas in large part because of the SPA funding. In particular, ISDA has shown significant progress in demonstrating quantifying the state's dental capacity with credible data. • Also, ISDA has started actively educating legislators on access and workforce issues with significant media outreach.
Kansas	• KDA continues to face an aggressive campaign from the Kellogg Foundation, including advertising and support of therapist legislation. With the addition of Americans for Prosperity to the proponents' coalition, an added challenge has been raised in a political environment like Kansas. • In response to this challenge, KDA has engaged an additional public affairs firm specifically to lobby and create messaging for tea party/libertarian legislators affiliated with Americans for Prosperity and likeminded groups. • KDA's continued to work on implementation of the legislation they passed to provide for volunteer dental licenses for retired dentists to donate care to underserved populations and an expansion of locations where charitable dental care can be provided, as well as other access solutions including the development of a 3rd level of Expanded Function Hygienist.
Maine	• In the wake of the passage of restricted therapy legislation in 2014, 2015 has seen the implementation phase grind on. Over a year later and the first half of the implementation rules have just been adopted.
Michigan	• Michigan has returned to the SPA program in 2015 as Pew has begun workforce efforts in the state. This began with the release of a workforce study.
Minnesota	• With the support of SPA, MDA help spearhead a coalition to enact Medicaid reforms. The effort gained significant media attention with the "Help Minnesota Smile" campaign.
Mississippi	• As a first time SPA enrollee, MS has been dealing with initial organizing work by Kellogg in support of dental midlevels. This summer, the Kellogg grantee hosted a daylong workshop to build their platform and to begin to rally support.
Missouri	• MDA continued to hold off workforce advocates from

	introducing legislation this session. • MDA was successful in securing the restoration of adult Medicaid benefits in 2014; however, the Governor held up the funding for implementation. That funding appears to have been secured in 2015.
Montana	• Denturists and hygienists attempted to create a separate, non-dentist regulatory board and increase scope. • Currently, MDA is seeking Medicaid improvements including rate increases and audit safeguards. • MDA is also expanding a broad public awareness campaign.
New Hampshire	• Workforce continues to be a particularly hot issue in the state. Without the votes to move a mid-level bill in the full Senate in 2014, the bill was amended to become a study of dental delivery systems with the support of NHDS. That process has begun and the study is due back to the legislature in November 2015. Naturally, midlevel advocates continue to pressure for the inclusion of their proposal in any final report. • To counter, NHDS has been a leader in implementing ADH. A supplemental grant was approved for NHDS to hire a dentist as a part-time ADH coordinator who is working to increase access for 0 – 3 year olds, ER interventions and school-based sealant programs.
New Mexico	• Native American Project as described above. • During the 2015 legislative session, NMDA was again successful in defeating a dental hygiene therapy bill. However, it did pass the House. Kellogg has made a significant investment in the state and we anticipate continued pressure as bills have been reintroduced for 2016. While implementing legislation did not pass, a resolution was adopted creating a state workgroup to negotiate the issue. This is a state that could very easily see the proposal to authorize midlevels on tribal lands. • NMDA worked with the Central New Mexico Community College to develop a CDHC program at the college that began in the fall of 2014 and has graduated its first class in 2015.
North Dakota	• Native American project as described above. • Workforce legislation sponsored by Pew has been introduced and failed in 2015. • Another jurisdiction that could see the tribal approach as it was tried late in the game during the 2015 legislature. • NDDA working on fixing credentialing issues within IHS.
Ohio	• ODA is a 1st time enrollee in 2015 with a quantitative research project to test workforce messages in Appalachia.
Puerto Rico	• The Colegio was approved for a public affairs effort to work on bills amending the Comprehensive Health Insurance system of the Commonwealth, seeking an agreement with the Dental Board to permit the Colegio to expand CE and licensure facilitation and amending a pharmacy bill to not sweep dentists in with physicians.

South Dakota	• Native American Project as described above.
Texas	• Texas joined SPA in 2015 for support in a digital ad campaign to position TDA for scope issues. Ultimately, dental midlevel legislation has been introduced in both chambers, but did not move. Pew is the organizing entity in Texas.
Vermont	• VSDS continues to face several challenges including a workforce measure pushed by a Kellogg-backed coalition. In 2015 a bill passed through the full Senate, but was not called in the House. Therefore, the action will move to the House in 2016. VSDS was more aggressive and proactive in providing access solutions, successfully introducing a comprehensive oral health care package. • To address the challenge VSDS has engaged an additional lobbying firm funded by SPA to advocate directly to legislative leadership.
Virginia	• Virginia continues in SPA for 2015, rolling out their elder care pilot project within ADH.
Washington	• Dental hygiene-therapy legislation was again considered in 2015. One set of bills would institute it statewide and a second set of bills would only authorize tribal entities to hire and use therapists. With this development, WSDA has joined the SPA Native American project. • In a related development, the leadership of the Swinomish Tribe has announced they will be bringing DHATs to their lands. • WSDA is also working to expand existing ER referral projects to other areas of the state.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 106-2014 New

Report: N/A Date Submitted: September 2014

Submitted By: Seventh Trustee District

Reference Committee: N/A

Total Net Financial Implication: TBD Net Dues Impact: _____

Amount One-time _____ Amount On-going _____ FTE _____

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

AMENDMENT OF THE ADA CONSTITUTION AND BYLAWS REGARDING THE OFFICES OF FIRST AND SECOND VICE PRESIDENTS

The following resolution was adopted by the Seventh Trustee District and transmitted on September 19, 2014, by Mr. Doug Bush, executive director.

Background: Currently, the ADA Second Vice President serves a one-year term, then automatically advances to a one-year term as First Vice President, for a total of two years service on the Board of Trustees. During some President-elect campaigns, candidates who had served as Vice Presidents were discounted for not having four years of experience on the Board of Trustee, thereby not possessing the knowledge and experience of Trustees who had served a full four-year term. Vice Presidents have often referred to their position as the "at large House of Delegates trustee" or "trustee at large." The term of Vice President has been used by the ADA for years and is used in many organizations' governance structure. The election to the office of Vice President does not imply succession to the office of President-elect. The creation of a Vice President who shall serve a single four-year term will allow a pathway for a member to gain the knowledge and experience to become a well-qualified candidate for the office of President-Elect.

The Association can be better served by eliminating the First and Second Vice President positions and instead establishing a single Vice President who serves the same four-year term as Trustees, allowing them to gain the knowledge and experience to become a viable candidate for the office of President-elect. The Association will also benefit financially, as the size of the Board of Trustees will be reduced by one person. Therefore be it

Resolution

106-2014. Resolved, that beginning with the 2017 election, a single Vice President be elected to a four-year term, and be it further

Resolved, that the Constitution and *Bylaws* of the American Dental Association be amended as follows (additions are <u>underscored</u>; deletions are ~~stricken~~):

CONSTITUTION

ARTICLE V OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a ~~First~~ Vice President, ~~a Second Vice President,~~ a Treasurer and a Speaker of the House of Delegates, each of whom is elected by the House of Delegates.

BYLAWS

CHAPTER VI • CONFLICT OF INTEREST

It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

a. placing themselves in a position where personal or professional interests may conflict with their duty to this Association.

b. using information learned through such office or position for personal gain or advantage.

c. obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate and applicant shall complete a conflict of interest statement as prescribed by the Board of Trustees, disclosing any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. Candidates for offices of President-elect, ~~Second~~ Vice President, Treasurer, Speaker of the House, nominees for office of trustee, and nominees to councils and commissions shall file such statements with the Secretary of the House of Delegates to be made available to the delegates prior to election. As a condition of appointment, consultants, advisers and staff of Councils, Commissions and Special Committees, and each person nominated or seeking such positions, shall file conflict of interest statements with the executive director of this Association.

While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.

The Board of Trustees shall approve any additional compliance activities that will implement the requirements of this chapter. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

CHAPTER VII • BOARD OF TRUSTEES

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, the President-elect and the ~~two~~ Vice President~~s~~ shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be *ex officio* members of the Board without the right to vote.

Section 130. OFFICERS:

A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chair, and the Executive Director of the Association who shall be the secretary.

In the absence of the President, the office of Chair shall be filled by the President-elect and, in his or her absence, by the ~~First or Second~~ Vice President and, in ~~that order and in their~~ his or her absence, a voting member of the Board shall be elected Chair *pro tem.*

In the absence of the Secretary, the Chair shall appoint a Secretary *pro tem.*

CHAPTER VIII ELECTIVE OFFICERS

Section 10. TITLE: The elective officers of this Association shall be President, President-elect, ~~First Vice President, Second~~ Vice President, Treasurer and Speaker of the House of Delegates, as provided in Article V of the *Constitution.*

Section 30. NOMINATIONS

A. Nominations for the offices of President-elect and ~~Second~~ Vice President shall be made in accordance with the order of business. Candidates for these elective officers shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

Section 50. TERM OF OFFICE: The President~~,~~ and President-elect~~, First Vice President, and Second Vice President~~ shall each serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise, excepting the case of a former Speaker of the House who has been elected Speaker of the House as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve until the House of Delegates can elect a Speaker of the House of Delegates. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve until the House of Delegates can elect a Treasurer. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term. The term of office of the Vice President shall be four (4) years, or until a successor is elected and installed.

Section 60. INSTALLATION: The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. ~~The Second Vice President shall be installed as First Vice President at the next annual session of the House following election~~.

Section 80. VACANCIES:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the ~~First~~ Vice President shall become President for the unexpired portion of the term. In the event the office of ~~First~~ Vice President becomes vacant, the ~~Second Vice President shall become the First Vice President for the unexpired portion of the~~

~~term. A~~ vacancy in the office of the ~~Second~~ Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint an interim Speaker who shall serve until the House of Delegates can elect a Speaker of the House of Delegates for a three (3) year term. Service as an interim Speaker shall not count toward the term of office limitation for Speaker of the House as set forth in Section 50 of this Chapter. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled with an interim Treasurer by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. Service as an interim Treasurer shall not count toward the term of office limitation for Treasurer as set forth in Section 50 of this Chapter. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer as provided in Chapter VIII, Section 30 of these Bylaws.

Section 90. DUTIES:

C. ~~FIRST~~ VICE PRESIDENT. It shall be the duty of the ~~First~~ Vice President to:

a. Assist the President as requested.
b. Serve as an ex officio member of the House of Delegates without the right to vote.
c. Serve as an ex officio member of the Board of Trustees.
d. Succeed to the office of President, as provided in this chapter of the *Bylaws*.

~~D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:~~

~~a. Assist the President as requested.~~
~~b. Serve as an ex officio member of the House of Delegates without the right to vote.~~
~~c. Serve as an ex officio member of the Board of Trustees.~~
~~d. Succeed to the office of President, as provided in this chapter of the *Bylaws*.~~
e. ~~Succeed immediately to the office of First Vice President in the event of vacancy not only for the unexpired term but also for the succeeding term.~~

BOARD COMMENT: The Board appreciates the efforts of the district submitting this resolution. However, the Board prefers an alternate approach as set forth in Report 3 of the Board of Trustees to the House of Delegates: Elimination of Offices of First and Second Vice Presidents, Resolution 1 (Worksheet:5062).

BOARD RECOMMENDATION: Vote No.

BOARD VOTE: UNANIMOUS.

Resolution No. 106-2014S-1 Substitute

Report: N/A Date Submitted: August 2015

Submitted By: Seventh Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact: $0.66

Amount One-time	Amount On-going	Savings of $70,000 beginning in 2019	FTE	0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: Not Applicable

SUBSTITUTE FOR RESOLUTION 106-2014: AMENDMENT OF THE ADA CONSTITUTION AND BYLAWS REGARDING THE OFFICES OF FIRST AND SECOND VICE PRESIDENTS

The following substitute for Resolution 106-2014 (Worksheet:5142) was submitted by the Seventh Trustee District and transmitted on August 17, 2015, by Mr. Doug Bush, executive director.

Background: Currently, the ADA Second Vice President serves a one-year term, then automatically advances to a one-year term as First Vice President, for a total of two years service on the Board of Trustees. During some President-elect campaigns, candidates who had served as Vice Presidents were discounted for not having four years of experience on the Board of Trustees, thereby not possessing the knowledge and experience of Trustees who had served a full four-year term. Vice Presidents have often referred to their position as the "at large House of Delegates trustee" or "trustee at large." The term of Vice President has been used by the ADA for years and is used in many organizations' governance structure. The election to the office of Vice President does not imply succession to the office of President-elect. The creation of a Vice President who shall serve a single four-year term will allow a pathway for a member to gain the knowledge and experience to become a well-qualified candidate for the office of President-Elect.

The Association can be better served by eliminating the First and Second Vice President positions and instead establishing a single Vice President who serves the same four-year term as Trustees, allowing them to gain the knowledge and experience to become a viable candidate for the office of President-elect. The Association will also benefit financially, as the size of the Board of Trustees will be reduced by one person. Therefore be it

Resolution

106-2014S-1. Resolved, that beginning with the 2017 election, a single Vice President be elected to a four-year term, and be it further

Resolved, that the *Constitution and Bylaws* of the American Dental Association be amended as follows (additions are <u>underscored</u>; deletions are ~~stricken~~):

Amendments to move to single VP serving 4 year term, to take effect at the close of the 2017 HOD:

Footnote to be placed at each instance of mention of the office of first or second vice president in the ADA *Constitution and Bylaws*:

*The 2015 House of Delegates adopted amendments to the ADA *Constitution and Bylaws* relating to the first and second vice present positions. The amendments, effective at the close of the 2015, 2016 or 2017 House of Delegates, abolish the offices of first and second vice president in favor of a single vice president who will, commencing at the close of the 2017 House of Delegates, serve a four (4) year term. To phase in the new vice presidential structure, the last election for second vice president will be held in 2015; the elected individual will serve one year as second vice president and will succeed to the office of vice president for one year at the close of the 2016 House of Delegates. Commencing with the election held at the 2017 House of Delegates session, a single vice president will be elected who shall serve a four year term, at which time this footnote shall expire and be removed from future editions of the ADA *Constitution and Bylaws*.

CONSTITUTION

Constitutional amendment, to become effective at the close of the 2016 House of Delegates:

ARTICLE V OFFICERS

Section 10. ELECTIVE OFFICERS: The elective officers of this Association shall be a President, a President-elect, a ~~First~~ Vice President, ~~a Second Vice President,~~ a Treasurer and a Speaker of the House of Delegates, each of whom is elected by the House of Delegates.

BYLAWS

To become effective as indicated:

Effective at the close of the 2016 House of Delegates:

CHAPTER VI • CONFLICT OF INTEREST

It is the policy of this Association that individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

a. placing themselves in a position where personal or professional interests may conflict with their duty to this Association.

b. using information learned through such office or position for personal gain or advantage.

c. obtaining by a third party an improper gain or advantage.

As a condition for selection, each nominee, candidate and applicant shall complete a conflict of interest statement as prescribed by the Board of Trustees, disclosing any situation which might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. Candidates for offices of President-elect, ~~Second~~ Vice President, Treasurer, Speaker of the House, nominees for office of trustee, and nominees to councils and commissions shall file such statements with the Secretary of the House of Delegates to be made available to the delegates prior to election. As a condition of appointment, consultants, advisers and staff of Councils, Commissions and Special Committees, and each person nominated or

seeking such positions, shall file conflict of interest statements with the executive director of this Association.

While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.

The Board of Trustees shall approve any additional compliance activities that will implement the requirements of this chapter. The Board of Trustees shall render a final judgment on what constitutes a conflict of interest.

CHAPTER VII • BOARD OF TRUSTEES

Section 10. COMPOSITION: The Board of Trustees shall consist of one (1) trustee from each of the seventeen (17) trustee districts. Such seventeen (17) trustees, the President-elect and the ~~two~~ Vice President~~s~~ shall constitute the voting membership of the Board of Trustees. In addition, the President, the Treasurer and the Executive Director of the Association, except as otherwise provided in the *Bylaws* shall be *ex officio* members of the Board without the right to vote.

CHAPTER VII • BOARD OF TRUSTEES

Section 130. OFFICERS:

A. CHAIR AND SECRETARY. The officers of the Board of Trustees shall be the President of the Association who shall be the Chair, and the Executive Director of the Association who shall be the Secretary.

In the absence of the President, the office of Chair shall be filled by the President-elect and, in his or her absence, by the ~~First or Second~~ Vice President ~~in that order~~ and, in ~~their~~ his or her absence, a voting member of the Board shall be elected Chair pro tem.

In the absence of the Secretary, the Chair shall appoint a Secretary pro tem.

CHAPTER VIII • ELECTIVE OFFICERS

Section 10. TITLE: The elective officers of this Association shall be President, President-elect, ~~First~~ Vice President, ~~Second Vice President,~~ Treasurer and Speaker of the House of Delegates, as provided in Article V of the *Constitution*.

Effective at the close of the 2015 House of Delegates:

Section 30. NOMINATIONS:

A. Nominations for the office~~s~~ of President-elect ~~and Second Vice President~~ shall be made in accordance with the order of business. Candidates for ~~these~~ this elective office~~s~~ shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

Effective at the close of the 2016 House of Delegates:

Section 30. NOMINATIONS:

A. Nominations for the offices of President-elect and Vice President shall be made in accordance with the order of business. Candidates for ~~this~~ these elective offices shall be nominated from the floor of the House of Delegates by a simple declaratory statement, which may be followed by an acceptance speech not to exceed four (4) minutes by the candidate from the podium, according to the protocol established by the Speaker of the House of Delegates. Seconding a nomination is not permitted.

Effective at the close of the 2016 House of Delegates:

Section 50. TERM OF OFFICE:

The President, President-elect~~, First Vice President~~ and ~~Second~~ Vice President shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise, excepting the case of a former Speaker of the House who has been elected Speaker of the House as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve until the House of Delegates can elect a Speaker of the House of Delegates. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve until the House of Delegates can elect a Treasurer. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term.

Effective at the close of the 2017 House of Delegates:

Section 50. TERM OF OFFICE:

The President, and President-elect ~~and Vice President~~ shall serve for a term of one (1) year, except as otherwise provided in this chapter of the *Bylaws*, or until their successors are elected and installed. The Vice President shall serve for a term of four (4) years, except as otherwise provided in this chapter of the *Bylaws*, or until a successor is elected and installed. The Speaker of the House of Delegates shall be limited to two (2) terms of three (3) years each in total, consecutive or otherwise, excepting the case of a former Speaker of the House who has been elected Speaker of the House as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve until the House of Delegates can elect a Speaker of the House of Delegates. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term. The term of office of the Treasurer shall be three (3) years, or until a successor is elected and installed. The Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer as provided in Chapter VIII, Section 30 of these *Bylaws*, who may serve until the House of Delegates can elect a Treasurer. Serving any portion of a three (3) year term shall be considered service of a full three (3) year term.

Effective at the close of the 2015 House of Delegates:

Section 60. INSTALLATION:

The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. The Second Vice President shall be installed as ~~First~~ Vice President at the next annual session of the House following election.

Effective at the close of the 2016 House of Delegates:

Section 60. INSTALLATION:

The elective officers shall be installed at the last meeting of the annual session of the House of Delegates. The President-elect shall be installed as President at the next annual session of the House following election. ~~The Second Vice President shall be installed as Vice President at the next annual session of the House following election.~~

Effective at the close of the 2016 House of Delegates:

Section 80. VACANCIES:

A. VACANCY OF ELECTIVE OFFICE: In the event the office of President becomes vacant, the President-elect shall become President for the unexpired portion of the term. In the event the office of President becomes vacant for the second time in the same term or at a time when the office of President-elect is also vacant, the ~~First~~ Vice President shall become President for the unexpired portion of the term. ~~In the event the office of First Vice President becomes vacant, the Second Vice President shall become the First Vice President for the unexpired portion of the term.~~ A vacancy in the office of the ~~Second~~ Vice President shall be filled by a majority vote of the Board of Trustees. In the event of a vacancy in the office of Speaker of the House of Delegates, the President, with approval of the Board of Trustees, shall appoint an interim Speaker who shall serve until the House of Delegates can elect a Speaker of the House of Delegates for a three (3) year term. Service as an interim Speaker shall not count toward the term of office limitation for Speaker of the House as set forth in Section 50 of this Chapter. In the event the office of President-elect becomes vacant by reason other than the President-elect succeeding to the office of the President earlier than the next annual session, the office of President for the ensuing year shall be filled at the next annual session of the House of Delegates in the same manner as that provided for the nomination and election of elective officers, except that the ballot shall read "President for the Ensuing Year." A vacancy in the office of Treasurer shall be filled with an interim Treasurer by a majority vote of the Board of Trustees until the process of inviting applications, screening and nominating candidates and electing a new Treasurer has been completed by the Board of Trustees and the House of Delegates. Service as an interim Treasurer shall not count toward the term of office limitation for Treasurer as set forth in Section 50 of this Chapter. The newly elected Treasurer shall be limited to two (2) consecutive terms of three (3) years each, excepting the case of a former Treasurer who has been elected Treasurer as provided in Chapter VIII, Section 30 of these *Bylaws*.

Effective at the close of the 2016 House of Delegates:

Section 90. DUTIES:

C. ~~FIRST~~ VICE PRESIDENT. It shall be the duty of the ~~First~~ Vice President to:

a. Assist the President as requested.

b. Serve as an *ex officio* member of the House of Delegates without the right to vote.

c. Serve as an *ex officio* member of the Board of Trustees.

d. Succeed to the office of President, as provided in this chapter of the *Bylaws*.

Effective at the close of the 2015 House of Delegates:

Section 90. DUTIES:

D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:

a. Assist the President as requested.

b. Serve as an *ex officio* member of the House of Delegates without the right to vote.

c. Serve as an *ex officio* member of the Board of Trustees.

d. Succeed to the office of ~~First~~ Vice President at the next annual session of the House of Delegates following election as Second Vice President.

e. Succeed immediately to the office of First Vice President in the event of vacancy not only for the unexpired term but also for the succeeding term at which time the office becomes Vice President.

Effective at the close of the 2016 House of Delegates:

Section 90. DUTIES:

~~D. SECOND VICE PRESIDENT. It shall be the duty of the Second Vice President to:~~

~~a. Assist the President as requested.~~

~~b. Serve as an *ex officio* member of the House of Delegates without the right to vote.~~

~~c. Serve as an *ex officio* member of the Board of Trustees.~~

~~d. Succeed to the office of Vice President at the next annual session of the House of Delegates following election as Second Vice President.~~

~~e. Succeed immediately to the office of First Vice President in the event of vacancy not only for the unexpired term but also for the succeeding term.~~

Section 90. DUTIES:

Sub-sections E. and F.re-lettered as sub--sections D. and E., accordingly.

BOARD COMMENT: The Board appreciates the efforts of the district submitting this resolution. However, the Board prefers an alternate approach as set forth in Report 3 of the Board of Trustees to the House of Delegates: Elimination of Offices of First and Second Vice Presidents, Resolution 1, (Worksheet:5062).

BOARD RECOMMENDATION: Vote No.

BOARD VOTE: UNANIMOUS.

Resolution No. 92 New

Report: N/A Date Submitted: October 2015

Submitted By: Eleventh Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $475,000 Net Dues Impact: $4.49

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

STRENGTHENING THE STATE PUBLIC AFFAIRS (SPA) PROGRAM

The following resolution was adopted by the Eleventh Trustee District and transmitted on October 29, 2015, by Dr. Jane Gillette.

Background: The State Public Affairs (SPA) program is one of the most valuable programs offered by the ADA. Over the last eight years, the program has fortified the efforts of state dental associations to reduce barriers to care and oppose workforce models that allow non-dentists to perform irreversible procedures. For the 2015 program year, the SPA grant funding was cut from $1,981,810 in the 2014 budget to $1,831,810. All of the budgeted SPA grant funding for 2015 was spent and then the Board of Trustees authorized an additional $300,000 of supplemental funding from reserves for a total SPA grant spending of $2,131,810 in 2015.

The 2016 program year will be a critical year for dental workforce issues across the country. Today, about half of the country is facing actual or potential dental midlevel provider legislation in their states. Given this growth, the 2016 budgeted amount of $2,006,810 for SPA grant funding should be increased. While the Board of Trustees can authorize additional financial support to the SPA program, this process can take months. In an environment where legislative issues move rapidly, waiting months for approval can be too long.

Resolution

92. Resolved, for the 2016 budget year that funding be increased by $475,000 for State Public Affairs (SPA) grants to state dental associations.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Resolution No. 93 New

Report: N/A Date Submitted: October 2015

Submitted By: Seventh Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $225,000 Net Dues Impact: $2.13

Amount One-time _____ Amount On-going $225,000 FTE 1

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

INVESTIGATE A MARKETING CAMPAIGN TARGETING PRIMARY CARE AND PEDIATRIC PHYSICIANS ON VALUE OF DENTAL CARE

The following resolution was adopted by the Seventh Trustee District and transmitted on October 29, 2015, by Michelle Blackman, executive assistant/director of Governance and Operations, Ohio Dental Association.

Background: The ADA's Environmental Scan has demonstrated that dental care utilization has been declining steadily over the last ten years. The primary reasons cited are cost and perceived lack of need. A marketing campaign aimed at the general public to educate them on the value of preventive dental care and connection between oral health and overall health may be ineffective and very costly.

However, in recent years, inter-professional collaboration between health disciplines has been on the rise. Moreover, research indicates that 108 million patients see a physician but not a dentist and 27 million patients see a dentist but not a physician in a given year. This creates a huge opportunity to educate these individuals on the value of seeing a dentist or physician for preventive care. In addition, each year on average, nearly 20 million people see a physician for well care but do not see a dentist despite having dental benefits coverage. Our messaging to physicians must be to encourage them to ask their patients when they last saw a dentist and to discuss the value of routine preventive dental care.

Resolution

93. Resolved, that the ADA investigate developing a marketing campaign aimed at primary care and pediatric physicians on the value of receiving regular dental care and the connection between good oral health and good overall health, and be it further

Resolved, that all marketing messages include information that promotes ADA member dentists.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Resolution No. 97 New

Report: N/A Date Submitted: November 2015

Submitted By: Thirteenth and Seventeenth Trustee Districts

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 1: Leaders and Advocates in Oral Health

How does this resolution increase member value: See Background

OLDER ADULT ORAL HEALTH

The following resolution was adopted by the Thirteenth and Seventeenth Trustee Districts and submitted on November 6, 2015, by Dr. Debra Finney, Thirteenth District Delegation chair, and by Dr. Jolene Paramore, Seventeenth District Delegation chair.

Background: The aging of the US is increasing at a rapid pace as the baby boomer generation retires. Approximately 10,000 people will turn 65 every day for the next 19 years. By 2040 the total population of the country aged 65 and older is expected to reach 21 percent and the so-called “silver tsunami” will have a significant impact on the dental profession on many levels. In the era of community water fluoridation and improved prevention, more adults are retaining their teeth as they age. At the same time the CDC recently reported findings from the National Health and Nutrition Assessment Survey 2011-2012 data which showed nearly all adults aged 65 and over with any permanent teeth had dental caries. Additionally, older adults demonstrate varied and diverse functional and clinical presentations and often have numerous disease co-morbidities that are associated with poor oral health status. Many medications can exacerbate diseases of the oral cavity. These factors can make treatment planning complex and the provision of dental care challenging.

In March of 2015 the Japan Dental Association and World Health Organization convened the World Congress on Oral Health and Aging in Tokyo. There were 1800 attendees from 23 countries present, including the US. Attendees heard from FDI President, Dr. Tin Chun Wong, who called for “action to pursue and strengthen current efforts in promoting lifelong oral health as part of general well-being and to develop and strengthen cross-discipline collaboration.” Another call to action was made to countries for coordination of policy efforts focusing on oral health in view of the world population aging.

The ADA has a multi-year history of supporting eldercare dentistry beginning in 2004 with adoption of Resolution 73H by the ADA House of Delegates (HOD) which requested appointment of a two-year Task Force to “explore the challenges in rendering comprehensive dental care to our aging population; and that special attention be given to identifying varying needs based on the variety of resident situations.” In 2006 the HOD adopted Resolution 5H which included the comprehensive findings of the Task Force and recommendations for future activities to address the oral health needs of an aging population.

It is critical for the ADA to play a leadership role in addressing the oral health needs of older adults who will increasingly be a large segment of the US population and to assist the dental profession’s understanding of the provision of care. It is imperative the ADA continues to be at the forefront of educating the public and policy makers on the importance of oral health as an integral part of overall

health across the age spectrum. Otherwise, other organizations will step up to fill the void and the ADA will lose the position as the voice of authority on this important subject.

"The lifespan of any civilization can be measured by the respect and care that is given to its elderly citizens." — Arnold J. Toynbee

Resolution

97. Resolved, that the Council on Access, Prevention and Interprofessional Relations in collaboration with any appropriate agencies, develop a national plan for providing oral health care to vulnerable elder populations which may include policies, programs, interventions, and research, and be it further

Resolved, that a report on progress be sent to the 2016 ADA House of Delegates.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Resolution No. 98 New

Report: N/A Date Submitted: November 2015

Submitted By: Thirteenth Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Organizational Capacity-Obj. 6: Role and responsibility of each element of the tripartite clearly defined and agreed upon

How does this resolution increase member value: See Background

MODIFICATION OF THE SCHEDULE TO ELIMINATE THE FOURTH MEETING OF THE HOUSE OF DELEGATES

The following resolution was adopted by the Thirteenth Trustee District and transmitted on November 6, 2015, by Jessica Barker, leadership development administrator, California Dental Association.

Background: In response to frustration voiced by some delegates and state society leaders about the length of time spent by delegates during the annual meeting, the Board of Trustees requested the Speaker of the House of Delegates and ADA staff to investigate the feasibility of shortening the length of the House of Delegates meeting beginning in 2016. To fulfill this request, the agenda of the House of Delegates was examined and each ceremonial and non-essential presentation was examined for its value to the business of the House of Delegates. The Board has concluded that it is feasible for the business of the House to be completed on Monday (third meeting), provided certain changes are instituted.

To complete the business of the House at the third meeting, the following changes to the agenda and meeting schedule of the House would be needed:

- Eliminate most ceremonial and non-essential presentations
- Convene the first meeting of the House of Delegates at 2 p.m., Friday (increase length of first meeting 1.5 hours / from 2 p.m. to 6 p.m.)
- Change the time for the Election of Officers and Trustees to Sunday (from 4 p.m. to 6 p.m.)
- Convene the second meeting of the House of Delegates, at 7:30 a.m., Monday (run-off elections Monday morning if needed)
- Change the time of the Installation Ceremony to the first order of business of the Third Meeting (following lunch on Monday)
- Commit to late adjournment at third meeting, Monday (eliminate need for fourth meeting, Tuesday)
- Shift Distinguished Service Award and Honorary Membership Presentations to a Board of Trustees meeting with ADA News coverage

These proposed changes should effectively remove the need for a fourth meeting, thus shortening the length of the meeting by one day. Although no Mega Topic Discussion is planned for 2015, the proposed schedule would certainly make it more difficult to schedule one in future years without impinging on district caucus meetings.

Potential changes from the traditional House of Delegates agenda and meeting schedule are identified, in detail, as follows:

Day One/Friday: First Meeting of the House of Delegates, ~~3:30 p.m.~~ 2:00 p.m.

1. Meeting Called to Order by the Speaker of the House
2. Invocation
3. Pledge of Allegiance
4. Introduction of ADA Officers and Distinguished Guests
~~5. Welcoming Remarks from the General Chair of the Committee on Local Arrangements~~
~~6. Remarks of the Chair of the Council on Ethics, Bylaws and Judicial Affairs~~
7. Report of the Committee on Credentials, Rules and Order
    - *[Mandatory: Granting Credentials, Quorum, ADA Disclosure Policy, Adoption of Agenda, Adoption of the Minutes, Adoption of Referral of Reports and Resolution, withdrawn resolutions. Cut: Informational items / instead refer to Manual*]
8. Address of President
9. Report of the Executive Director [moved from Second Meeting]
10. Report of the Treasurer [moved from Second Meeting]
~~9. Presentation of the Distinguished Service Award~~
11. Reports of Board of Trustees
    - *[Mandatory: Approval of Council Nominations. Cut: recognition of retiring council members and memorial display]*
12. Nominations of Officers and Trustees
13. Referrals of Reports and Resolutions
14. New Business
~~14. Remarks by ADPAC Chair~~ [suggest written report]
15. Closed Session
16. Adjournment

Day Two/Saturday: Reference Committee Day

Day Three/Sunday: Caucus Meeting Day

- Election of Officers and Trustees, 4-6 p.m. (election results to be posted on ADA Connect)

Day Four/Monday: *(Second and Third (final) Meeting of House of Delegates, 7:30 a.m. to close of business)*

Second Meeting of the House of Delegates, 7:30 a.m. to Noon

1. Meeting Called to Order by the Speaker of the House
~~2. Introduction of Distinguished Guests~~
~~3. Presentation of Honorary Membership~~
2. Report of Committee on Credentials, Rules and Order
3. Announcement of Election Results (second ballot, if needed)
4. Reports of Reference Committees of the House of Delegates

Third Meeting of the House of Delegates, 1 p.m. to close of business

1. Installation of Officers and Trustees *(First item of business 3rd Meeting)*
2. Address of Incoming President
~~3. Report of the Executive Director~~ [Move to Friday]
~~4. Report of the Treasurer~~ [Move to Friday]
3. Reports of Reference Committees - continued

4. New Business
5. Adjournment

~~Fourth Meeting of House of Delegates, 8:00 a.m.~~

~~1. Meeting Called to Order by the Speaker of the House~~
~~2. Report of Committee on Credentials, Rules and Order~~
~~5. Remarks by ADPAC chair~~
~~6. Reports of Reference Committees - continued~~
~~7. Unfinished Business~~
~~8. New Business~~
~~9. Adjournment~~

Tuesday: New Board Meeting (breakfast meeting)

Social Activities: With this proposed schedule, the Networking Event would be moved in future years from Monday to Sunday night, from 7 p.m. to 10 p.m. There would be a slight overlap with the International VIP Reception, hosted by the President, which is scheduled from 6 p.m. to 7:30 p.m.

Financial Considerations: While these changes, if instituted by the House, would effectively shorten the meeting of the House of Delegates by one day, because a full day is anticipated to compete the business of the House during the Second and Third meetings, it is not anticipated that there would be any significant cost savings to the Association. However, districts and individual delegates may recognize some savings. For example, depending on the meeting location, some delegates may choose to travel on Monday evening, saving a hotel night and allowing a quicker return to their practices. The Board hopes these changes, if adopted by the House, would provide delegates and districts some new options to manage schedules and return to their practices earlier.

In accordance with the Rules of the House of Delegates in the Manual of the House of Delegates, under the section titled “Meeting Schedule and Order of Business,” any substantive consolidation or expansion of the meeting can take place only with the prior approval of the House.

Resolution

98. Resolved, that the meeting schedule of the House of Delegates be modified to eliminate the fourth meeting of the House of Delegates, and be it further

Resolved, that the following schedule of meetings be implemented beginning at the meeting of the 2016 House of Delegates:

- Day One: First Meeting of the House of Delegates, from 2 p.m. to 6 p.m.
- Day Two: Reference Committee Hearings
- Day Three: Caucus Meetings
- Day Three: Election of Officers and Trustees, from 4 p.m. to 6 p.m.
- Day Four: Second and Third Meetings of the House of Delegates, from 7:30 to close of business

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Resolution No. 99 New

Report: N/A Date Submitted: November 2015

Submitted By: Third Trustee District

Reference Committee: D (Legislative, Health, Governance and Related Matters)

Total Net Financial Implication: $10,000 Net Dues Impact: $0.09

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective:

How does this resolution increase member value: See Background

LENGTH OF TIME, FORMAT, AND LOCATION OF THE ANNUAL MEETING

The following resolution was adopted by the Third Trustee District and transmitted on November 6, 2015, by Dr. Wade Newman, district chair.

Background: In response to frustration voiced by some delegates and state society leaders about the length of time, the format, and the location of the annual meeting the following resolution is proposed.

Resolution

99. Resolved, that a nine-member task force be formed to evaluate how the business of the House of Delegates is conducted with a report and specific recommendations made to the 2016 House. This report should include, format, location and length issues, and be it further,

Resolved, that the task force meets electronically, and one time, in person to complete these recommendations.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Membership and Related Matters

Resolution No. 37 New

Report: NA Date Submitted: August 2015

Submitted By: Council on Membership

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: Not Applicable

AMENDMENT OF POLICY ON DUES EXEMPTION FOR ACTIVE DUTY MEMBERS

Background: (*Reports*:85)

In accordance with Resolution 170H-2012, Reaffirming Existing ADA Policy, the Council on Membership reviewed several ADA policies and presents a series of resolutions with recommendations to maintain or amend those policies.

Recommendations—Policies to Be Maintained

The Council on Membership reviewed the following policies and determined that they be maintained as written:

- Administrative Process for Transferring Members (*Trans.*2001:422)
- Differential Charges According to Membership Status (*Trans.*1982:506; 2004:294)
- Four-Year Recent Graduate Reduced Dues Program (*Trans.*2008:482)
- Long-Term Dues Waivers (*Trans.*2002:384)
- Parallel Membership Categories (*Trans.*2008:481)
- Processing of New Member Applications (*Trans.*2000:452; 2002:381; 2003:353)
- Establishment of Dental Student Societies Within the Component or Constituent Societies (*Trans*.2001:417)
- Involvement of Students in Society Activities (*Trans.*1979:649)

Recommendations—Policies to Be Amended

The Council on Membership recommends that the Policy on Dues Exemption for Active Duty Members (*Trans*.2004:297, 335) be amended for clarity and offers the following resolution:

Resolution

37. Resolved, the ADA Policy on Dues Exemption for Active Duty Members (*Trans.*2004:297, 335) be amended to read as follows (additions are underscored):

> **Resolved,** that constituent and component dental associations be encouraged to waive constituent and component dental association dues of members who are temporarily called to active duty with a federal dental service for the period of active duty.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 38 New

Report: NA Date Submitted: August 2015

Submitted By: Council on Membership

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: Not Applicable

AMENDMENT OF POLICY ON STUDENT MEMBERSHIP

Background: (*Reports*:85)

The Council on Membership recommends that the Policy on Student Membership (*Trans*.1977:957; 1996:673) be amended to emphasize the key role of dental school deans and faculty members within organized dentistry and offers the following resolution:

Resolution

38. Resolved, that the ADA Policy on Student Membership (*Trans.*1977:957; 1996:673) be amended to read as follows (additions are underscored, deletions are ~~stricken~~):

Resolved, that all dental students who are preparing themselves to become members of the dental profession be urged to become active members of the American Student Dental Association, the American Dental Association and the student's respective constituent and component societies, and be it further

Resolved, that all deans and faculties of dental schools be ~~requested to encourage~~ encouraged to promote membership at all levels of organized dentistry, and be it further

Resolved, that deans and faculty members be encouraged to become members of the ADA.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 41 New

Report: Board Report 5 Date Submitted: August 2015

Submitted By: Board of Trustees

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

REPORT 5 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: AUTHORIZATION TO CONDUCT PILOT PROGRAMS

Background: The Association is at a critical juncture. Either it will continue to lose market share past some "tipping point" or it will arrest that decline and turn it around. The Board fully recognizes this fact and has concluded the Association needs added flexibility to address it in both timely and innovative ways. The Board of Trustees is positioned best to accommodate this needed flexibility because of its frequent meetings and administrative duties. In some cases, ADA *Bylaws* stand in the way of this. Accordingly, the Board is proposing a *Bylaws* amendment that will authorize it to conduct pilot programs, of limited duration and scope (*e.g.* geographic or demographic) and with reporting to the House, which would otherwise contravene some other provision of the *Bylaws.*

Now, perhaps more than at any other time, the potential market for membership is fragmented. New dentists need and expect different member benefits than do those with long-established practices. The needs and expectations of new graduates differ from those who have been out of school for ten years. Solo practitioners look to the ADA for something different than those in large-group practices. Those nearing retirement need still other member benefits. Similarly, a large state dental society and a small one need different support from the ADA.

None of this is necessarily bad; it just is the way things are now. Given this new environment, it would be a mistake to assume that the Association should continue exactly as it has. Likewise, it would be a mistake to assume that a one-size-fits-all solution exists or that solutions are obvious. Rather, the Association needs to innovate, to try new ideas. Rather than rolling out every new idea based on assumptions and projections as a universal change—an often expensive and risky proposition—we must be able to experiment with small pilot programs. Pilots allow us to try out new ideas more cheaply, more quickly and with less risk. They also allow us to explore new ideas, assess them against evidence gathered on a small scale and then to learn from them. Based on what we learn, we can move past bad ideas and formalize good ones. Both of these are positive outcomes. Learning that what seemed like a promising idea does not deliver is essential and we must not be afraid to fail, but we need to do so quickly. Pilot programs are a way to try out new ideas on a smaller scale, to assess the results and take action based on those results. Pilot programs are commonly used in corporations and other non-profits.

In many areas, the Association is able to innovate through pilot programs fairly easily. For example, allowing dentists to apply for membership online poses many complications, technical and otherwise, but this area can be explored through pilot programs without implicating the *Bylaws*, thereby allowing us to better understand potential complications before launching an expensive proposition nationwide.

Similarly, we can develop new applications such as an oral pathology app and offer them to students or new graduates to assess their impact. Again, this can be done without *Bylaws* implications.

But other ideas cannot presently be studied through pilot programs, at least not without undergoing the laborious process of amending *Bylaws*, an opportunity which arises only once per year. We need to be able to act more quickly than that. Just as important, we need to be able to undertake these initiatives and to study them without needlessly amending the *Bylaws*. That should be done based on evidence developed through pilot programs and not based on assumptions or projections. Some examples will illustrate situations best addressed through pilot programs of limited duration:

Membership Processes

The Power of 3 encourages all levels of the tripartite structure to work together for the benefit of the member. Many of the processes related to membership are driven by or defined in the *Bylaws*. There is a desire on the part of some states to shift some of the responsibilities in ways that are not possible in the current structure. For example, some states have asked the ADA to collect dues on their behalf. Before undertaking this sort of change, we should explore what will be involved and what will work and what will not. Then, based on a limited pilot project and the evidence generated by it, the Board can come to the House with an amendment to the *Bylaws* specifically tailored to what is needed, no more, or less.

Membership Categories

Many states have membership categories that are not available at the national level. Before making a national decision to offer such new categories, the best data for the House's later consideration can and should be developed through limited pilot programs. For example, many states offer categories for hygienists or other allied dental professionals. The Board is not saying this is a good idea. We do not know. Indeed, that is the point of pilot programs, to fill such knowledge gaps at the lowest cost and risk.

Membership Structure

There are other discussions that have to do with the timing of the membership year or the structure of pricing itself. Again, these are critical and substantial issues where the ability to test concepts in limited geographies for limited time can provide the necessary and relevant data to make sound business decisions.

Membership is our most pressing issue, so these examples center on it. Of course, pilot programs could deal with other areas as well.

The Board wishes to emphasize for the House several key points about its proposal:

- The resolution will authorize the Board to conduct pilot programs of a limited duration, no more than three years.
- The resolution will require the Board to report to the House on any programs being carried out pursuant to it every year such pilot is in operation.
- The authority to be given to the Board is limited to programs. Structural changes such as eliminating an office or a council would not be authorized by the resolution.

The Board anticipates that the House will recognize the need for innovation and thanks the House for its consideration of the resolution.

Resolution

41. Resolved, that the ADA *Bylaws*, Chapter VII. BOARD OF TRUSTEES, *Section 90*. POWERS, be amended by addition of a new Subsection "N" which reads as follows:

N. Notwithstanding any other provision in the *Bylaws*, authorize pilot programs of limited scope (e.g. geographic or demographic), and guidelines related thereto, provided that no such pilot program shall exceed a period of three years without authorization by the House of Delegates and provided further that the Board of Trustees shall annually report on any such program during its duration, to the House of Delegates.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. 46-47 New

Report: CM Supplemental Report 1 Date Submitted: August 2015

Submitted By: Council on Membership

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

COUNCIL ON MEMBERSHIP SUPPLEMENTAL REPORT 1 TO THE HOUSE OF DELEGATES: RECENT COUNCIL ACTIVITIES

Background: Since its annual report was submitted in 2015, the Council on Membership met July 18-19, 2015. This report addresses the subjects and resolutions for the 2015 House of Delegates not otherwise captured in its annual report.

Nomination of Chair and Election of Vice Chair: The Council nominated Dr. K. Drew Wilson, First District representative, Milford, New Hampshire as chair of the Council on Membership for 2015-2016. The Council elected Dr. Maria Maranga, Second District representative, Aquebogue, New York as vice chair of the Council on Membership for 2015-2016.

Response to Assignment from the 2015 House of Delegates:

Resolution 100H-2014, Development of a Mechanism to Allow Members of the Alliance to the American Dental Association to Access the Members-Only Section of the ADA Web Site. Resolution 100H-2014 urged the Board of Trustees to direct the appropriate agencies to work to implement technology to enable members of the Alliance of the ADA access to appropriate members' areas of the ADA web site and to report progress to the 2015 House of Delegates.

Providing access to the member-only sections of ADA.org will necessitate that ADA staff collaborate with Alliance staff to load and maintain lists of Alliance members into Aptify on a periodic basis. Effectively, this means that ADA staff will perform membership functions, such as updating addresses and membership status, for these Alliance records. A technology solution that would allow Alliance members to access the member-only sections of ADA.org will require Information Technology to modify Aptify to accommodate a new database category of Alliance members.

From a technology perspective, records flagged as *Alliance* would receive the same single sign-on access to member-only sections of ADA.org as an ADA member. One additional technology consideration is the ability to make online donations to ADPAC. Currently ADPAC utilizes a software tool called Aristotle to verify eligibility for ADPAC participation. An interface between Aptify and Aristotle verifies membership status, and this interface would need to be updated in order to recognize the new Alliance records. Both of these technology changes require significant resources, and have been identified as more easily fitting within existing Association priorities after the roll-out of Aptify is completed in 2016.

In the course of discovery, ADA staff identified that it is possible for ADPAC staff to manually load a list of Alliance members into Aristotle, making it possible for Alliance members to donate online to ADPAC. Considering the requirement for ADA staff to add and maintain the Alliance membership records in Aptify before the technology systems can be updated to provide Alliance members access to ADA.org member content and seamless access to the Aristotle donation system, the manual updating of Aristotle may be a prudent choice.

Proposing a Name Change for the Affiliate Category of Membership: In response to a request from the Board of Trustee's Committee on International Programs and Development to change the name for the Affiliate category of membership in the ADA to International, the Council on Membership is transmitting the following resolution to the 2015 House of Delegates:

46. Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 10. CLASSIFICATION, be amended as follows (new language underscored; deletions ~~stricken~~)

Section 10. CLASSIFICATION: The members of this Association shall be classified as follows:

Active Members
Life Members
Retired Members
Nonpracticing Dentist Members
Student Members
Honorary Members
Provisional Members
Associate Members
~~Affiliate~~ International Members

and be it further

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection I. AFFILIATE MEMBER, be amended as follows (new language underscored; deletions ~~stricken~~):

I. ~~AFFILIATE~~ INTERNATIONAL MEMBER.

a. QUALIFICATIONS. An ~~affiliate~~ international member shall be a dentist who is ineligible for any other classification of membership and:

(1) is practicing in a country other than the United States;
(2) has been classified as an ~~affiliate~~ international member upon application to and approval by the Board of Trustees; and
(3) is a member in good standing of this Association.

b. PRIVILEGES. An ~~affiliate~~ international member in good standing shall receive a set of products and services as are authorized by the Board of Trustees in collaboration with the Council on Membership.

c. DUES AND SPECIAL ASSESSMENTS. The dues of ~~affiliate~~ international members shall be established by the Board of Trustees. The Board of Trustees shall be authorized to deviate from the established ~~affiliate~~ international member dues rate to: (1) promote ~~affiliate~~ international memberships in a selected jurisdiction, and (2) to recognize economic circumstances in least developed countries eligible for special fee criteria as established by the FDI World Dental Federation. ~~Affiliate~~ International member dues shall be due January 1 each year. ~~Affiliate~~ International members shall be exempt from the payment of any special assessment.

and be it further

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, *Section 30*. DEFINITION OF "IN GOOD STANDING", second unnumbered paragraph, be amended as follows (new language underscored; deletions ~~stricken~~):

> The requirement of paying current dues does not apply to retired life, honorary and those members of this Association who pursuant to Section 50 of this Chapter have been granted dues waivers for the purpose of determining their good standing. The requirement of paying any special assessment does not apply to retired life, honorary, ~~affiliate~~ international, student and those members of this Association who pursuant to Section 50 of this Chapter have been granted any special assessment waivers for purposes of determining their good standing.

and be it further

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, *Section 40*. LAPSE OF MEMBERSHIP AND REINSTATEMENT, be amended as follows (new language underscored; deletions ~~stricken~~):

> B. REINSTATEMENT. Reinstatement of active, life, retired, nonpracticing dentist, student or ~~affiliate~~ international membership may be secured on payment of appropriate dues and any special assessment of this Association and on compliance with the pertinent bylaws and regulations of the constituent and component societies involved and this Association.

Recommending Implementation of a Uniform Dues Transaction: The Council on Membership has engaged in several discussions around the *Members First 2020* strategic plan, with frequent focus on Objective 6: *The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon*, and its sub-clause 6.1 *Act in the best interest of the member, rather than the organization when designing processes, programs and services.*

One item of concern is the wide variation in how dues are transacted throughout the tripartite. For instance, some dental societies offer monthly installments, others offer installments on another schedule, while others do not offer installments at all.

The Council on Membership therefore is proposing the following resolution to the 2015 House of Delegates:

47. Resolved, that the ADA and state societies collaborate to develop a uniform dues transaction to simplify the member experience by no later than 2018, and be it further

Resolved, that the mechanism be developed, identifying all the appropriate details and issues, and be it further

Resolved, that an informational report on the assignment and related issues be submitted to the 2016 House of Delegates.

Council Minutes: For more information on recent activities, see the Council's minutes on ADA.org.

Resolutions

(Resolution 46:Worksheet:6009)
(Resolution 47:Worksheet:6011)

Resolution No. 46 New

Report: CM Supplemental Report 1 Date Submitted: August 2015

Submitted By: Council on Membership

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

AMENDMENT OF ADA *BYLAWS* REGARDING NAME CHANGE FOR AFFILIATE CATEGORY OF MEMBERSHIP

Background: (See CM Supplemental Report 1 to the House of Delegates, Worksheet:6006)

In response to a request from the Board of Trustee's Committee on International Programs and Development to change the name for the Affiliate category of membership in the ADA to International, the Council on Membership is transmitting the following resolution to the 2015 House of Delegates.

Resolution

46. Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 10. CLASSIFICATION, be amended as follows (new language underscored; deletions ~~stricken~~)

Section 10. CLASSIFICATION: The members of this Association shall be classified as follows:

Active Members
Life Members
Retired Members
Nonpracticing Dentist Members
Student Members
Honorary Members
Provisional Members
Associate Members
~~Affiliate~~ International Members

and be it further

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, Section 20. QUALIFICATIONS, PRIVILEGES, DUES AND SPECIAL ASSESSMENTS, Subsection I. AFFILIATE MEMBER, be amended as follows (new language underscored; deletions ~~stricken~~):

I. ~~AFFILIATE~~ INTERNATIONAL MEMBER.

a. QUALIFICATIONS. An ~~affiliate~~ international member shall be a dentist who is ineligible for any other classification of membership and:

(1) is practicing in a country other than the United States;
(2) has been classified as an ~~affiliate~~ international member upon application to and approval by the Board of Trustees; and
(3) is a member in good standing of this Association.

b. PRIVILEGES. An ~~affiliate~~ international member in good standing shall receive a set of products and services as are authorized by the Board of Trustees in collaboration with the Council on Membership.

c. DUES AND SPECIAL ASSESSMENTS. The dues of ~~affiliate~~ international members shall be established by the Board of Trustees. The Board of Trustees shall be authorized to deviate from the established ~~affiliate~~ international member dues rate to: (1) promote ~~affiliate~~ international memberships in a selected jurisdiction, and (2) to recognize economic circumstances in least developed countries eligible for special fee criteria as established by the FDI World Dental Federation. International member dues shall be due January 1 each year. ~~Affiliate~~ International members shall be exempt from the payment of any special assessment.

and be it further

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, *Section 30*. DEFINITION OF "IN GOOD STANDING", second unnumbered paragraph, be amended as follows (new language underscored; deletions ~~stricken~~):

The requirement of paying current dues does not apply to retired life, honorary and those members of this Association who pursuant to Section 50 of this Chapter have been granted dues waivers for the purpose of determining their good standing. The requirement of paying any special assessment does not apply to retired life, honorary, ~~affiliate~~ international, student and those members of this Association who pursuant to Section 50 of this Chapter have been granted any special assessment waivers for purposes of determining their good standing.

and be it further

Resolved, that the ADA *Bylaws*, Chapter I. MEMBERSHIP, *Section 40*. LAPSE OF MEMBERSHIP AND REINSTATEMENT, be amended as follows (new language underscored; deletions ~~stricken~~):

B. REINSTATEMENT. Reinstatement of active, life, retired, nonpracticing dentist, student or ~~affiliate~~ international membership may be secured on payment of appropriate dues and any special assessment of this Association and on compliance with the pertinent bylaws and regulations of the constituent and component societies involved and this Association.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 47 New

Report: CM Supplemental Report 1 Date Submitted: August 2015

Submitted By: Council on Membership

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

IMPLEMENTATION OF A UNIFORM DUES TRANSACTION

Background: (See CM Supplemental Report 1 to the House of Delegates, Worksheet:6006)

The Council on Membership has engaged in several discussions around the *Members First 2020* strategic plan, with frequent focus on Objective 6: *The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon*, and its sub-clause 6.1 *Act in the best interest of the member, rather than the organization when designing processes, programs and services.*

One item of concern is the wide variation in how dues are transacted throughout the tripartite. For instance, some dental societies offer monthly installments, others offer installments on another schedule, while others do not offer installments at all.

Resolution

47. Resolved, that the ADA and state societies collaborate to develop a uniform dues transaction to simplify the member experience by no later than 2018, and be it further

Resolved, that the mechanism be developed, identifying all the appropriate details and issues, and be it further

Resolved, that an informational report on the assignment and related issues be submitted to the 2016 House of Delegates

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Resolution No. 59 New

Report: NA Date Submitted: August 2015

Submitted By: Minnesota Dental Association

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: $5.4 million annually Net Dues Impact: $51

Amount One-time _____ Amount On-going $5.4 million FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

MEMBERSHIP VALUE IN BENEFITS

The following resolution was adopted by the Minnesota Dental Association and transmitted on August 7, 2015, by Mr. Carmelo Cinqueonce, executive director.

Background: Member dentists desire relevant value in their membership from the American Dental Association (ADA), constituent and component societies. CDT codes and respective updates are required and used by all dentists and HIPAA, OSHA and radiology requirements are applicable to all dentists.

Resolution

59. Resolved, that the American Dental Association provide, online at no charge to member dentists, publication materials that are under the ADA's control regarding CDT, HIPAA, OSHA and radiology requirements, and be it further

Resolved, that any updates to these materials shall also be made available online at no charge to member dentists, and be it further

Resolved, that printed materials and non-member charges be adjusted accordingly to offset any loss in revenue directly attributed to this resolution.

BOARD COMMENT: The Board of Trustees appreciates the focus on enhancing value and providing relevant resources to members. Furthermore, the Board is mindful that the Association's lack of an overall member pricing strategy has resulted in incremental and narrowly-focused changes to pricing, therefore the Board has requested that the Council on Membership consider a number of possible changes that would inform an overall member pricing strategy for the ADA.

The loss in revenue resulting from compliance with this resolution would be $5.4 million dollars per year. While the resolution proposes that printed materials and non-member charges may be adjusted to offset the loss of revenue, any such adjustments, even without reference to possible legal issues created by those actions, are not sufficient to offset the revenue loss.

BOARD RECOMMENDATION: Vote No.

1 **Vote: Resolution 59**

ASAI	No	DOW	No	JEFFERS	No	STEVENS	No
BITTER	No	FAIR	No	KWASNY	No	SUMMERHAYS	No
BUCKENHEIMER	No	GAMBA	No	ROBERTS	Absent	YONEMOTO	No
COLE	No	GEHANI	No	ROBINSON	No	ZENK	No
CROWLEY	No	ISRAELSON	No	SHENKIN	No	ZUST	No

Resolution No. None New

Report: CM Supplemental Report 2 Date Submitted: August 2015

Submitted By: Council on Membership

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 3: 10% increase in assessment of member value

How does this resolution increase member value: See Background

COUNCIL ON MEMBERSHIP SUPPLEMENTAL REPORT 2 TO THE HOUSE OF DELEGATES: UPDATE ON STUDENT LOAN MEMBERSHIP BENEFIT

Background: At its 2014 meeting, the ADA House of Delegates considered Resolution 64 on Student Loan Membership Benefit:

> **Resolved,** that the ADA attempt to negotiate a long-term agreement with a reputable national lender to establish a member benefit that would provide dental students a lower interest rate educational loan as long as ADA membership is maintained.

This matter was referred to both the Council on Membership and Board of Trustees.

Student debt is consistently ranked as one of the top three concerns of new and recent dental school graduates. Average debt is approximately $240,000 upon graduation from dental school, and this debt burden has an impact on new dentists' choices including their ability to purchase practices, start their own, choosing to practice in a large group as well as financing important personal items such as homes and cars. The ADA wishes to find a way to responsibly support dentists and provide practical solutions and services to young dentists both in and out of dental school.

In December 2014 the Board of Trustees received a report from a consultant on the student loan marketplace. This report identified four options for the ADA to consider. The ADA President appointed a Student Debt Work Group, which included members of the Board, the chair of the Council on Membership, a member of the New Dentist Committee, and a representative from the American Student Dental Association, to evaluate options to address student debt and make recommendations to the Board regarding how to proceed. In March 2015, the work group provided an oral update to the Board of Trustees, indicating that it had evaluated the four options and recommended creating a private label product with an existing lender.

After a market analysis, the Student Debt Work Group circulated a Request for Proposal (RFP) and after evaluation recommended that ADA endorse Darien Rowayton Bank (DRB) as a solution for educational debt refinancing and consolidation for ADA members.

Considerations: DRB was chosen for endorsement because of the following factors:

- Strong management team
- ADA's need is a strategic fit for the bank's growth strategy
- Financially strong, stable and sustainable within an established bank regulatory environment
- Lower operating and funding costs than other competitive solutions

- Overall, DRB's loan terms and interest rates were the most favorable
- Offered an ADA member benefit of a discounted rate to borrowers who maintain ADA membership
- DRB's credit requirements were similar to competitive vendors
- DRB offered the most creative and full-featured marketing plan both for selling loans and for providing debt management education
- DRB customer service was evaluated as the strongest among potential vendors
- DRB experience and capability allows them to roll out the product quickly
- DRB business culture appears to be a suitable fit with the ADA

At its June 2015, the Board adopted Resolution B-53-2015:

Resolved, that the Board of Trustees authorizes the execution of an endorsed provider agreement on behalf of ADA with Darien Rowayton Bank (DRB) for an exclusive private label education debt consolidation product to ADA member dentists, and be it further

Resolved, that the terms of the foregoing endorsement provider agreement with DRB reflect that the ADA will forego the offered royalty compensation in the amount of .5% of the loan amount in favor of an additional .25% or greater reduction in the interest rate to the borrower contingent on ADA membership.

An agreement between ADA and DRB was executed in July 2015.

A full marketing and communication plan is being developed jointly between ADA staff and Darien Rowayton Bank.

Budget Impact/Financial or Operational Requirements: DRB has agreed to bear all of the marketing and operational costs of providing the product. The only financial impact to the ADA is staff time to coordinate marketing and monitor service level agreements.

The ADA has chosen to forgo any royalty and to allow all financial benefits of the program to accrue to the member-borrower. On an annual basis, DRB will check its list of borrowers against the ADA's membership list and remove the discount for those borrowers who are no longer ADA members.

Risk/Benefit: There is reputational risk to the ADA if DRB should become financially insolvent or provide poor customer service. The ADA will mitigate these risks with regular monitoring of financial strength and customer service levels.

The benefit is that the ADA will provide a compelling solution for one of the top concerns of recent graduates in a way that provides tangible value. And because the interest rate will rise if the borrower does not renew his or her membership, the product adds another compelling reason for maintaining membership.

Recommendation: Considering the inherent member value associated with debt consolidation products and the aggressive competitive nature of this market, the Division will move swiftly to ensure that the student loan membership benefit may be promoted to members and potential members in as soon as it is available.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS.

Resolution No. 86 New

Report: NA Date Submitted: September 2015

Submitted By: Ninth Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: $93,270 dues revenue foregone Net Dues Impact: $0.88

Amount One-time _____ Amount On-going $93,270 FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: Not Applicable

AMENDMENT OF ADA BYLAWS REGARDING DUES RATE FOR POSTDOCTORAL STUDENTS AND RESIDENTS

The following resolution was adopted by the Ninth Trustee District and transmitted on September 28, 2015 by Ms. Michelle Nichols-Cruz, Board and House Administrator, Michigan Dental Association.

Background: The eligibility requirement that facilitates the participation of graduates from postdoctoral programs in the reduced-dues program is inhibiting membership growth and engagement.

In particular, new graduates who enter a postdoctoral training program often do not maintain continuous membership, particularly when the residency program is not in the state where the dentist intends to establish his or her practice. The result is a negative impact on membership growth when new dentists are asked to pay up to three years of back dues to qualify for the reduced dues program – an amount that more often than not exceeds the rate for the current year membership. When the transient nature of this target audience is taken into account with the difficulties surrounding tracking and maintaining accurate contact information for this group, it becomes clear the current structure does not maximize opportunities for graduate student membership and conversion into new dentist membership.

To address the current problem the Michigan Dental Association has amended its Bylaws and has established a $0 dues rate for dentists enrolled in postdoctoral programs in Michigan. The Ninth District is recommending that the ADA establish a national dues rate of $0 for postdoctoral students and residents. This affects two sections of the ADA *Bylaws*: membership dues for Active Members and for Student Members. The financial impact is estimated to be $93,270 in dues revenue foregone based on the 2014 ADA Membership Statement, which reports that in 2014, a total of 3,109 dentists paid $30 each for ADA membership at the Graduate Student rate. It is anticipated that more graduate student members at the $0 rate will result in greater engagement and continuous membership among recent graduates overall, which will offset the short-term negative financial impact.

Resolution

86. Resolved, that the ADA *Bylaws,* Chapter I, Membership, Section 20, Qualifications, Privileges, Dues and Special Assessments, A. Active Member, c. Dues and Special Assessments, (2) be amended to read as follows (new language <u>underscored</u>; deletions ~~stricken~~):

> Dentists who are engaged full-time in (a) an advanced training courses of not less than one (1) academic year's duration in an accredited school or a residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program recognized by this Association and in a

program accredited by the Commission on Dental Accreditation shall ~~pay thirty dollars ($30.00) due on January 1 of each year~~ be exempt from the payment of dues and any special assessment until December 31 following completion of such program.

and be it further

Resolved, that the *ADA Bylaws*, Chapter I, Membership, Section 20, Qualifications, Privileges, Dues and Special Assessments, E. Student Member, c. Dues and Special Assessments, (2) Postdoctoral Students and Residents be amended to read as follows:

The dues of dentists who are student members pursuant to Chapter I, Section 20E shall be ~~thirty dollars ($30.00) due January 1 of each year. Such student members shall be~~ exempt from the payment of any dues or special assessment.

BOARD COMMENT: The Board appreciates the thoughtful analysis by the Ninth District, particularly the observation that asking new dentists to pay back dues for the years they were engaged in postdoctoral training can be a disincentive for a dentist ready to begin active tripartite membership.

This analysis suggests that the barrier is not the expense, but rather the administrative nuisance of paying back dues in order to maintain eligibility for the reduced dues progression.

One concern with the proposed solution becomes apparent when considering what would happen if this proposed change went into effect—the $0 dues rate would not be retroactive; therefore a dentist enrolled in a specialty program 2013-2015 would still owe three years of back dues in order to be eligible for reduced dues in 2016.

The Board is also mindful that dental students pay annual dues to the American Student Dental Association, with a small amount remitted to the ADA. The proposed resolution, in effect, creates two classes of students; predoctoral students who are required to pay annual dues in order to receive the benefits of ADA membership, and postdoctoral students who would receive those benefits for free.

In consideration of these factors, the Board has put forward Resolution 87 (Worksheet:6018) for consideration by the House of Delegates.

BOARD RECOMMENDATION: Vote No.

Vote: Resolution 86

ASAI	No	DOW	Yes	JEFFERS	Yes	STEVENS	No
BITTER	No	FAIR	No	KWASNY	No	SUMMERHAYS	Yes
BUCKENHEIMER	No	GAMBA	No	ROBERTS	No	YONEMOTO	Yes
COLE	No	GEHANI	Yes	ROBINSON	Yes	ZENK	No
CROWLEY	No	ISRAELSON	Yes	SHENKIN	No	ZUST	Yes

Resolution No. 87 New

Report: NA Date Submitted: October 2015

Submitted By: Board of Trustees

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: $110,000 dues rate foregone Net Dues Impact: $1.04

Amount One-time _____ Amount On-going $110,000 FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: Not Applicable

AMENDMENT OF ADA BYLAWS REGARDING REMOVING REQUIREMENT FOR CONTINUOUS MEMBERSHIP

Background: As others have observed, the eligibility requirement that facilitates the participation of new graduates in the reduced-dues program inhibits membership growth and engagement.

In particular, new graduates who do not maintain continuous membership during this period face the administrative nuisance of paying back dues in order to maintain eligibility for the reduced dues progression. While the ADA does collect a modest sum of back dues annually, it is believed that removing this administrative barrier to new dentist participation will result in greater engagement and continuous membership among recent graduates, leading to many years of dues payment, thereby offsetting the short-term negative financial impact.

In consideration of these factors, the Board has put forward the following resolution:

Resolution

87. Resolved, that the ADA *Bylaws,* Chapter I, Membership, Section 20, Qualifications, Privileges, Dues and Special Assessments, A. Active Member, c. Dues and Special Assessments, (1) be amended to read as follows (new language underscored; deletions ~~stricken~~):

> Dentists, when awarded a D.D.S. or D.M.D. degree, shall be exempt from the payment of active member dues and any special assessment for the remaining period of that year and the following first full calendar year. Dentists shall pay twenty-five percent (25%) of active member dues and any special assessment for the second full calendar year following the year in which the degree was awarded, fifty percent (50%) of active member dues and any special assessment in the third year, seventy-five percent (75%) of active member dues and any special assessment in the fourth year and one hundred percent (100%) in the fifth year and thereafter. ~~Eligibility for this benefit shall be conditioned on maintenance of continuous membership or payment of reduced dues and any special assessment for the years not previously paid, at the rates current during the missing year(s).~~

and be it further

Resolved, that the ADA *Bylaws,* Chapter I, Membership, Section 20, Qualifications, Privileges, Dues and Special Assessments, A. Active Member, c. Dues and Special Assessments, (2) be amended to read as follows (new language underscored; deletions ~~stricken~~):

Dentists who are engaged full-time in (a) an advanced training courses of not less than one (1) academic year's duration in an accredited school or a residency program in areas neither recognized by this Association nor accredited by the Commission on Dental Accreditation or (b) a residency program or advanced education program recognized by this Association and in a program accredited by the Commission on Dental Accreditation shall pay thirty dollars ($30.00) due on January 1 of each year until December 31 following completion of such program. For dentists who enter such a course or program while eligible for the dues reduction program, the applicable reduced dues rate shall be deferred until completion of that program. Upon completing the program, the dentist shall pay dues and any special assessment for active members at the reduced dues rate where the dentist left off in the progression. ~~This benefit shall be conditioned on maintenance of continuous membership or payment of post-graduate student dues and active member dues and any special assessment for years not previously paid, at the rates current during the missing years~~.

BOARD RECOMMENDATION: Vote Yes.

BOARD VOTE: UNANIMOUS.

Resolution No. N/A New

Report: Board Report 12 Date Submitted: October 2015

Submitted By: Board of Trustees

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

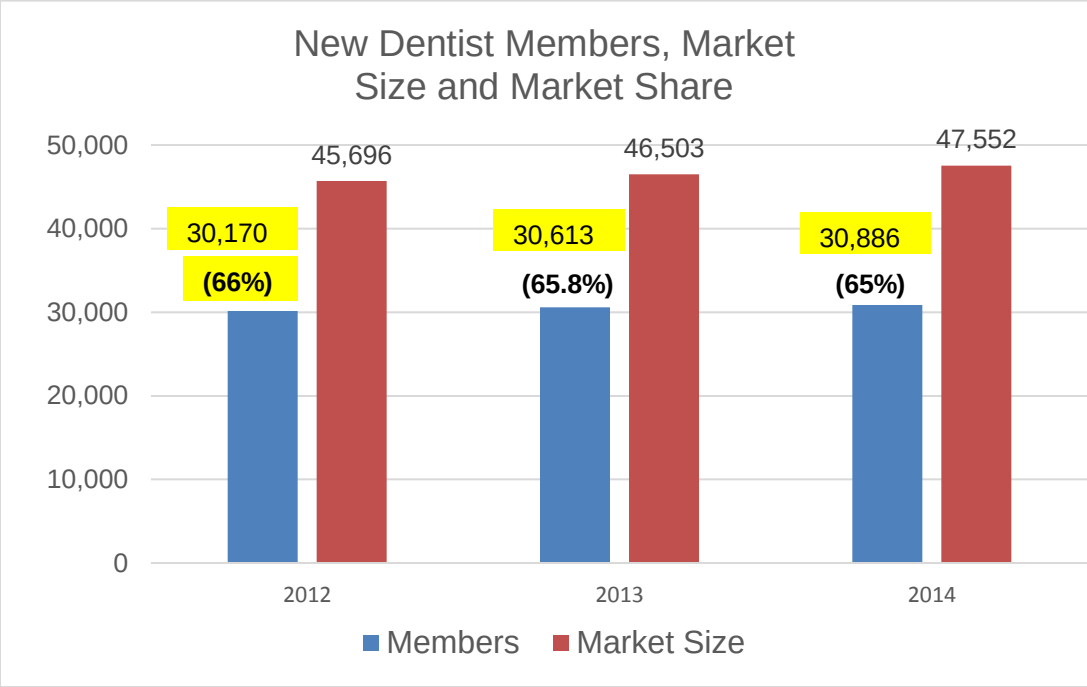
REPORT 12 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: NEW DENTIST ISSUES

Background: Engaging new dentists is essential for the ADA to stay relevant. This report provides a baseline of new dentist market share and outlines how the Board is employing the New Dentist Committee to better understand this important market segment.

Situational Analysis: New dentists are a key market segment to the future success of the ADA. The ADA defines a new dentist as a dentist who graduated from dental school less than 10 years ago. New dentists represent nearly 25% of overall dentist population and the market is growing. While the potential pool of members is growing, new dentists are more vulnerable, particularly as they move into full dues paying status. Dentists who never join before reaching full dues status tend to never return. Dentists who reach full dues status tend to stay throughout their career; if they subsequently drop membership, they tend to come back after a short time. This data tells us that recruiting and retaining new graduates in their first five years is key to long-term growth for the ADA.

Like overall market share, new dentist market share is in decline.

Chart A — New Dentist Market Since 2012



Since 2012 the total number of new dentist members grew by 2.3% or an additional 716, but market share for this segment has decreased by 1%. The retention rate of new dentists has decreased by 2% since 2012 and the overall size of the market of new dentists has increased by 1,856.

The new dentist market share varies by state. The New Dentist Recruitment and Retention Report as of EOY 2014 is attached in Appendix 1 and Appendix 2 contains data on market share change in the past five years by state. Forty-one state dental societies have a new dentist committee in place. The composition and activity level of these committees vary. There does not appear to be a correlation between new dentist committees and new dentist market share. That said, engaging new dentists locally is critical and the role of the state and local dental societies in this effort must be realized.

The number of new dentists who are not renewing their memberships is increasing. Non renewals are increasing in other segments as well.

Chart B — New Dentist Non-renews

New Dentist Non-renews	**2012**	**2013**	**2014**
Total non-renews	3,767	3,826	4,201
Percentage of non-renews	12%	12.2%	13%

Source: ADA Dentist Masterfile

The above data is based on graduation year, so it includes all membership segments that a new dentist may be in (i.e. tripartite, FDS, graduate student and other membership categories).

Chart C — Reasons for Not Renewing

Reasons for not renewing	**Percent response**
Affordability	51.2%
Lack of perceived value	25.0%
Inability for employer to pay dues	16.1%

The ADA Survey of 2014 Non-renews suggests that many new dentists let their membership lapse because of cost or the perceived value of member benefits. According to the survey, the affordability of membership dues (51.2%) is the strongest driver of nonrenewal among new dentists, followed by lack of perceived member value (25%) and the inability of the member's employer to pay their membership dues (16.1%). In comparison to their mid- or late-career colleagues, a higher percentage (+7.9%) of new dentists report affordability of membership dues as the main reason for nonrenewal.

As noted in Board Report 2, dental students and new dentists represent about 4.3% of next year's estimated revenue. However, if we look at potential "future value" based on full dues revenue rates multiplied by future years' membership, then the student and new dentist market segments are much more critical to long-term sustainability of the ADA.

Chart D — Future Value of Members

	Estimated # of Members 2016	% of Total # Members	Estimated Avg # Years Left in Career	Estimated Future Rate at 2016 level	Estimated Future Value $	Estimated Future Value %
Active Full Dues	86,727	48.4%	14	$522	$633,800,916	43.7%
Student & New Dentists	39,608	22.1%	36	$522	$767,138,508	53.0%
Active Life	15,473	8.6%	6	$392	$36,392,496	2.5%
All Other Categories	37,480	20.9%	7	$46	$11,412,810	0.8%
Total Current Estimates	179,288	100.0%			$1,448,744,730	100.0%

The Role of the ADA New Dentist Committee: The Board recognizes that engaging new dentists is essential for the ADA to stay relevant. To that end, the Board has redefined the role of the New Dentist Committee to more directly advise the Board on issues from a new dentist perspective. The New Dentist Committee charter in the *Organization and Rules of the Board of Trustees*, which was approved in September 2014, can be found in Appendix 3. In the 2014-2015 term, for example, the Committee focused on (1) its role in the dental school strategy, (2) moving the new dentist conference to be held during the ADA annual meeting and (3) elevating the concerns of new dentists at the local level to the Board. The Board and the Committee also met jointly to identify how better to work together at the district level to engage new dentists.

Role in Dental School Strategy

As outlined in its charter, the Committee is charged by the Board with assisting in the ADA dental school strategy. There are three ways the Committee is doing this:

- Revising the ADA Success Program
- Collaboration with ASDA
- Ongoing outreach to students and ASDA leaders

Forging a productive relationship with ASDA is a key strategy to engaging students and new dentists in organized dentistry. The Board believes that the New Dentist Committee is a natural bridge to ASDA. The Committee is working closely with the ASDA Executive Committee on programs of mutual interest. They have identified three areas of collaboration: the revised ADA Success program, career resource center and member conversion. Specifics on these collaboration opportunities are in development.

Among the Committee's grassroots initiatives is ongoing outreach with dental students and ASDA leaders in their districts. The Committee reaches out to all new ASDA leaders annually and frequently participate in local student events as well as the ASDA Annual Session and National Leadership Conference. The ADA Success program is another way that the Committee participates in dental school activities.

The Board delegated the responsibility for the ADA Success program to the New Dentist Committee in 2009. Recognizing that the needs of students has changed, the Committee revised the Success program to one-hour modules covering topics of interest to students. Five new Success programs were developed and launched on August 1. View information on the programs at www.ada.org/successprogram. A total of 76 programs have been scheduled as of September 1, 2015, which is on track to achieve the goal.

The Committee will continue to enhance the programs for 2015-2016 and discuss a growth plan for the program. The following metrics have been established:

- Schedule more than 110 programs each year (range of 105-115)
- Reach 75% or 48 dental schools (2015) schools each year (range of 70-80%)

- Achieve a 4.5-5 on a 5 point scale rating by students, speakers and program host (school) in program evaluations
- Maintain sponsorship so that most expenses are covered by sponsorship (75-100% of expenses overall)
- Involve state or local dental society in 20% of total programs each year (approximately 20-25)
- Achieve 6,000 visits to www.ADA.org/successprogram by July 31, 2016

The New Dentist Perspective

The Board is using the New Dentist Committee to provide it with the new dentist perspective on issues coming before it. Membership has certainly been a focus. Through its increased grassroots efforts, the New Dentist Committee has advised the Board on ways to better attract and engage new dentists. Among the insights shared with the Board are the following:

- **New technology products must be tested more thoroughly and perform as advertised**
  Millennials have many options and it's difficult to win them back once they lose interest in a product or service. It is more important to do a few things well than to launch myriad new products or applications quickly.

- **Improve functionality of ADA.org and other ADA websites**
  New dentists want information quickly and easily. The Committee has suggested specific areas for possible improvement on this front, which has been shared with the appropriate staff.

- **Make it easier for new dentists to join and pay for dues**
  Offer monthly dues installments and a more seamless process for joining and transitioning ADA membership.

- **Invest in technology now**
  The ADA should invest in technology immediately and continue this investment to ensure the organization remains viable. Do not wait for the next budget cycle – there should be a sense of urgency or the organization will not remain relevant.

- **Deliver content in shorter bursts and use multi-media channels**
  Take advantage of the ADA Video Studio and social channels to communicate valuable content to members. Use multiple formats (podcast, print, web, video) to convey information.

New Dentist Conference at ADA 2015

As of August 28, 213 students and new dentists have registered for the New Dentist Conference at ADA 2015. In addition, 312 new dentists are registered for the ADA annual meeting, for a total of 525 new dentists participating.

The line-up for the program is highlighted at www.ada.org/ndc. The Committee developed the content for the program through its three liaisons to Council on ADA Sessions, while the logistics and marketing are managed by Conference Services staff. The Committee will host the meeting on-site and has taken a lead role in promoting the Conference at the district level. Based on the recommendations of the New Dentist Committee, the Board has established the following metrics to monitor and evaluate the 2015, 2016 and 2017 New Dentist Conferences:

- 350 New Dentist Conference registrants (range of 300-400)
- Minimum of 30% of overall new dentist attendees from the annual meeting register for the Conference (range of 27-32%)
- Minimum of one new dentist leader from each state in attendance (excluding national NDC)
- 4.1 average evaluation on a 5 point scale (range 3.8-4).

The Board will review and evaluate participation in the New Dentist Lounge and the New Dentist Reception at the 2015 New Dentist Conference and this will be considered in future planning.

The Board is convinced that focusing on the needs and desires of new dentist members and potential members is a key to addressing the membership market share issue. Clearly, this work will be ongoing at all levels of the Association.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMENDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

ADA American Dental Association®
America's leading advocate for oral health

Department of Membership Operations
Division of Member and Client Services

Recruitment and Retention Report for Active Licensed Dentists

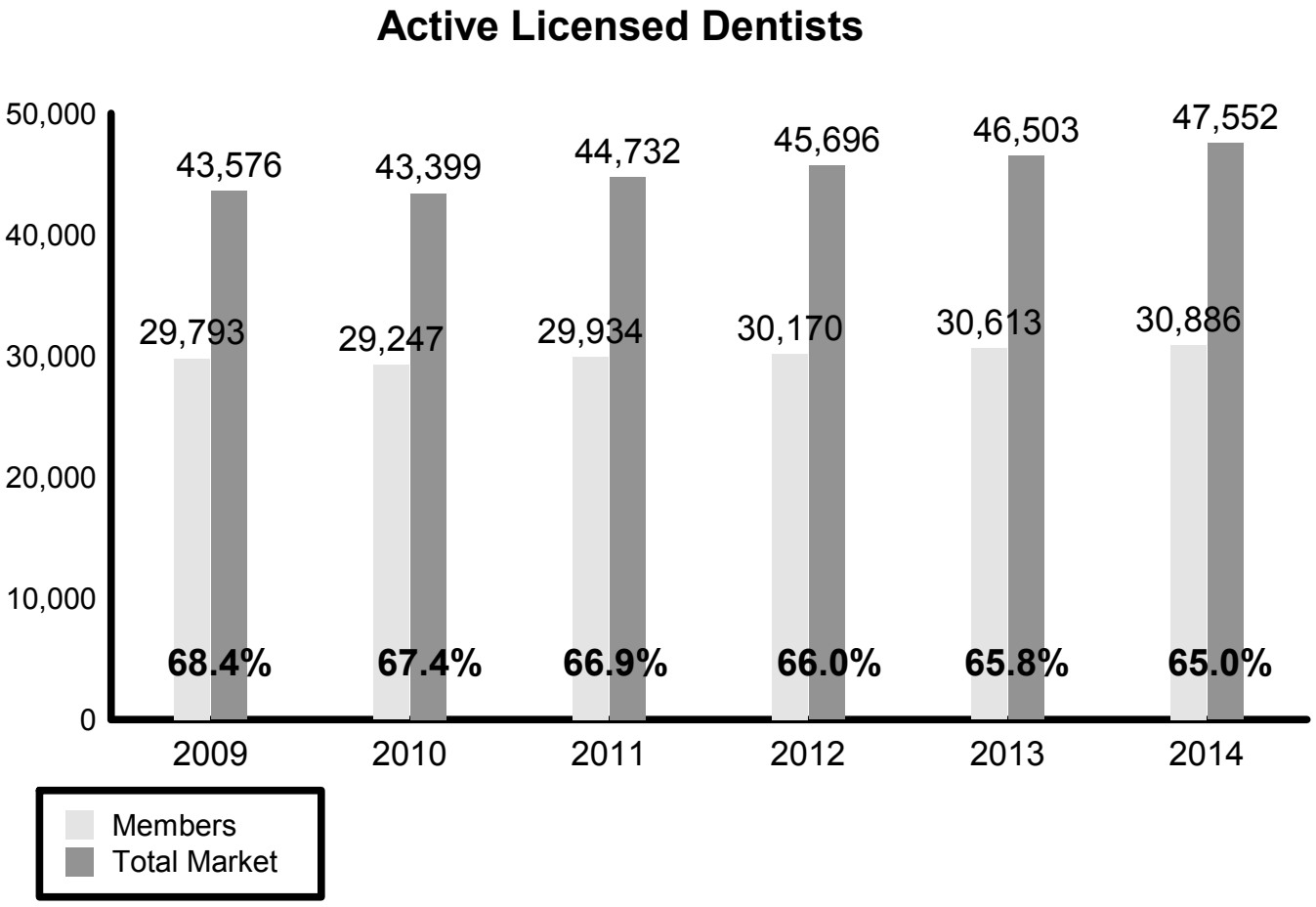
New Dentists

END OF YEAR 2014

NEW DENTISTS
Recruitment and Retention Report

TABLE OF CONTENTS

NEW DENTISTS



Source: 2014 ADA Dentist Masterfile

ADA American Dental Association®
America's leading advocate for oral health

TABLE I
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY TARGET MARKET
NEW DENTISTS

TARGET GROUP	2014 MEMBERS		NON-MEMBERS		TOTAL MARKET
	NUMBER	MARKET SHARE	NUMBER	PERCENT	
All Dentists	**30,886**	**65.0%**	**16,666**	**35.0%**	**47,552**
All Faculty	591	66.2%	302	33.8%	893
Full Time Faculty	362	64.2%	202	35.8%	564
General Practitioners	26,654	64.0%	14,971	36.0%	41,625
Specialists	4,232	71.4%	1,695	28.6%	5,927
Federal Dental Service	1,150	55.6%	919	44.4%	2,069
Graduate Students	2,875	66.0%	1,481	34.0%	4,356
Foreign Trained	362	48.5%	384	51.5%	746
All Minorities	5,154	55.9%	4,062	44.1%	9,216
Women Dentists	12,886	64.4%	7,134	35.6%	20,020

Source: 2014 ADA Dentist Masterfile

NOTE: Target Markets overlap and should not be added together.

TABLE II
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY SPECIALTY
NEW DENTISTS

SPECIALTY	2014 MEMBERS		NON-MEMBERS		TOTAL MARKET
	NUMBER	MARKET SHARE	NUMBER	PERCENT	
General Practice	26,654	64.0%	14,971	36.0%	41,625
Oral And Maxillofacial Surgery	524	69.4%	231	30.6%	755
Endodontics	602	79.5%	155	20.5%	757
Orthodontics And Dentofacial Orthopedics	1,140	69.9%	491	30.1%	1,631
Pediatric Dentistry	1,248	72.5%	473	27.5%	1,721
Periodontics	439	72.7%	165	27.3%	604
Prosthodontics	221	60.7%	143	39.3%	364
Oral And Maxillofacial Pathology	24	57.1%	18	42.9%	42
Dental Public Health	23	63.9%	13	36.1%	36
Oral And Maxillofacial Radiology	11	64.7%	6	35.3%	17
Total	**30,886**	**65.0%**	**16,666**	**35.0%**	**47,552**

Source: 2014 ADA Dentist Masterfile

TABLE III
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY OCCUPATION
NEW DENTISTS

OCCUPATION	2014 MEMBERS		NON-MEMBERS		TOTAL MARKET
	NUMBER	MARKET SHARE	NUMBER	PERCENT	
Full Time Practice (>30 Hrs/Week)	24,875	65.0%	13,422	35.0%	38,297
Parttime Practice (<30 Hrs/Week)	72	69.9%	31	30.1%	103
Dental School Faculty	362	64.2%	202	35.8%	564
Parttime Faculty/ Parttime Practice	254	69.8%	110	30.2%	364
Armed Forces	1,028	54.1%	871	45.9%	1,899
Other Federal Services	184	63.2%	107	36.8%	291
State Or Local Government	9	69.2%	4	30.8%	13
Hospital Staff Dentist	15	62.5%	9	37.5%	24
Graduate Student/Resident	3,987	68.7%	1,820	31.3%	5,807
Other Health/Dental Org Staff	10	71.4%	4	28.6%	14
Other Occupation	3	42.9%	4	57.1%	7
Not In Practice Seeking Employment	87	51.5%	82	48.5%	169
Total	**30,886**	**65.0%**	**16,666**	**35.0%**	**47,552**

Source: 2014 ADA Dentist Masterfile

TABLE IV
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY FIVE YEAR AGE GROUPS
NEW DENTISTS

	2014 MEMBERS		NON-MEMBERS		
AGE GROUP	NUMBER	MARKET SHARE	NUMBER	PERCENT	TOTAL MARKET
No Birthdate	4,926	50.5%	4,836	49.5%	9,762
80-84	0	0.0%	2	100.0%	2
65-69	0	0.0%	2	100.0%	2
60-64	6	46.2%	7	53.8%	13
55-59	30	53.6%	26	46.4%	56
50-54	132	61.4%	83	38.6%	215
45-49	457	63.3%	265	36.7%	722
40-44	1,491	60.3%	982	39.7%	2,473
35-39	6,957	65.0%	3,749	35.0%	10,706
30-34	11,394	68.3%	5,299	31.7%	16,693
25-29	5,473	79.5%	1,413	20.5%	6,886
20-24	20	90.9%	2	9.1%	22
Total	**30,886**	**65.0%**	**16,666**	**35.0%**	**47,552**

Source: 2014 ADA Dentist Masterfile

TABLE V
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY RACE
NEW DENTISTS

RACE	2014 MEMBERS		NON-MEMBERS		TOTAL MARKET
	NUMBER	MARKET SHARE	NUMBER	PERCENT	
African American/Black	963	52.6%	869	47.4%	1,832
American Indian	100	69.0%	45	31.0%	145
Asian	3,001	56.1%	2,351	43.9%	5,352
Hispanic	839	56.4%	649	43.6%	1,488
White	12,250	71.0%	4,998	29.0%	17,248
Unknown	13,433	63.9%	7,586	36.1%	21,019
Other	251	62.9%	148	37.1%	399
Native Hawaiian Or Other Pacific Islander	16	80.0%	4	20.0%	20
Not Reported	33	67.3%	16	32.7%	49
Total	**30,886**	**65.0%**	**16,666**	**35.0%**	**47,552**

Source: 2014 ADA Dentist Masterfile

TABLE VI
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY NUMBER OF YEARS OUT OF SCHOOL
NEW DENTISTS

	2014 MEMBERS		NON-MEMBERS		
YRS OUT OF SCHOOL	NUMBER	MARKET SHARE	NUMBER	PERCENT	TOTAL MARKET
0 Years Ago	4,459	91.7%	401	8.3%	4,860
1-3 Years Ago	9,369	65.4%	4,948	34.6%	14,317
4-6 Years Ago	8,631	59.0%	5,986	41.0%	14,617
7-9 Years Ago	8,427	61.3%	5,331	38.7%	13,758
Total	**30,886**	**65.0%**	**16,666**	**35.0%**	**47,552**

Source: 2014 ADA Dentist Masterfile

TABLE VII
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY CONSTITUENT JURISDICTION
NEW DENTISTS

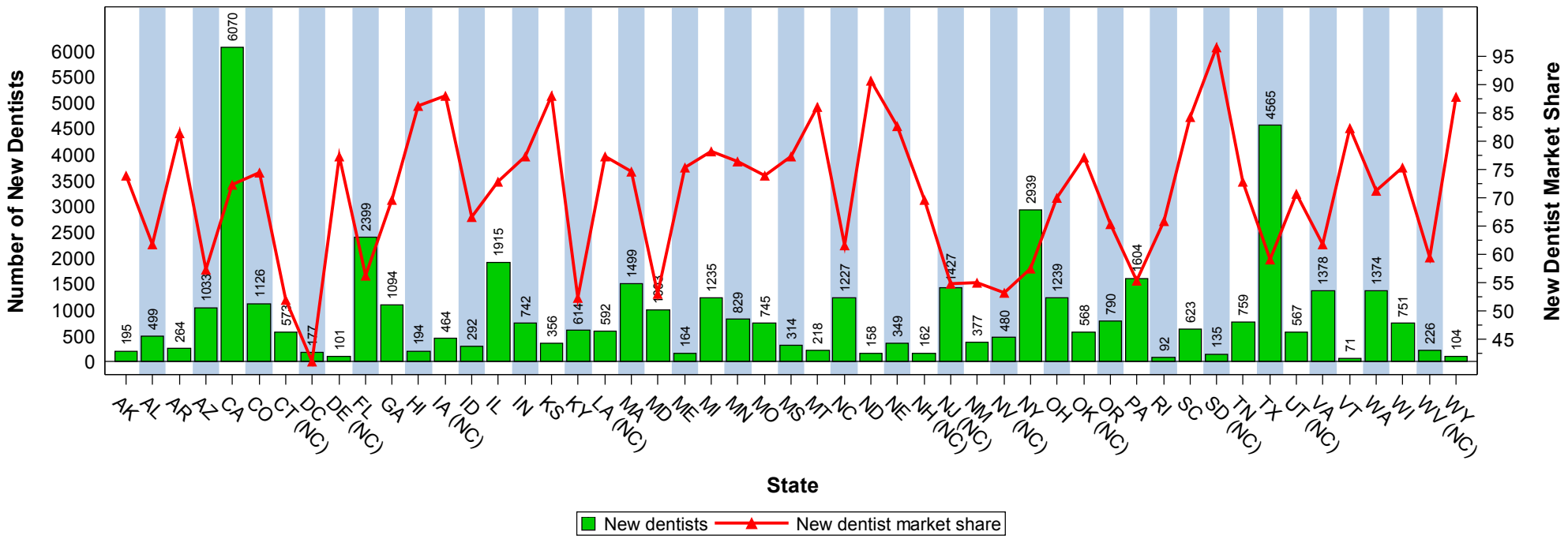
POTENTIAL CONSTITUENT	2014 MEMBERS		NON-MEMBERS		TOTAL MARKET
	NUMBER	MARKET SHARE	NUMBER	PERCENT	
ADA Direct Member	2	9.1%	20	90.9%	22
Alabama Dental Association	257	61.8%	159	38.2%	416
Alaska Dental Society	108	74.0%	38	26.0%	146
Arizona Dental Association	485	57.3%	361	42.7%	846
Arkansas State Dental Association	201	81.4%	46	18.6%	247
California Dental Association	3,869	72.3%	1,483	27.7%	5,352
Colegio De Cirujanos Dentistas De Puerto Rico	5	4.5%	105	95.5%	110
Colorado Dental Association	723	74.5%	248	25.5%	971
Connecticut State Dental Association	252	52.0%	233	48.0%	485
Delaware State Dental Society	58	77.3%	17	22.7%	75
District Of Columbia Dental Society	46	41.1%	66	58.9%	112
Florida Dental Association	1,126	56.3%	873	43.7%	1,999
Georgia Dental Association	649	69.7%	282	30.3%	931
Hawaii Dental Association	120	86.3%	19	13.7%	139
Idaho State Dental Association	182	66.7%	91	33.3%	273
Illinois State Dental Society	1,242	72.8%	465	27.2%	1,707
Indiana Dental Association	532	77.4%	155	22.6%	687
Iowa Dental Association	354	88.1%	48	11.9%	402
Kansas Dental Association	285	88.0%	39	12.0%	324
Kentucky Dental Association	240	52.3%	219	47.7%	459
Louisiana Dental Association	388	77.4%	113	22.6%	501
Maine Dental Association	113	75.3%	37	24.7%	150
Maryland State Dental Association	406	53.1%	359	46.9%	765
Massachusetts Dental Society	867	74.7%	294	25.3%	1,161
Michigan Dental Association	887	78.2%	247	21.8%	1,134
Minnesota Dental Association	574	76.4%	177	23.6%	751
Mississippi Dental Association	201	77.3%	59	22.7%	260
Missouri Dental Association	472	74.0%	166	26.0%	638
Montana Dental Association	173	86.1%	28	13.9%	201
Nebraska Dental Association	244	82.7%	51	17.3%	295
Nevada Dental Association	222	53.2%	195	46.8%	417
New Hampshire Dental Society	106	69.7%	46	30.3%	152
New Jersey Dental Association	672	54.9%	553	45.1%	1,225
New Mexico Dental Association	183	55.0%	150	45.0%	333
New York State Dental Association	1,380	57.5%	1,022	42.5%	2,402
North Carolina Dental Society	602	61.7%	374	38.3%	976

TABLE VII
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY CONSTITUENT JURISDICTION
NEW DENTISTS

POTENTIAL CONSTITUENT	2014 MEMBERS		NON-MEMBERS		TOTAL MARKET
	NUMBER	MARKET SHARE	NUMBER	PERCENT	
North Dakota Dental Association	127	90.7%	13	9.3%	140
Ohio Dental Association	800	70.1%	342	29.9%	1,142
Oklahoma Dental Association	378	77.1%	112	22.9%	490
Oregon Dental Association	455	65.4%	241	34.6%	696
Pennsylvania Dental Association	753	55.4%	605	44.6%	1,358
Rhode Island Dental Association	54	65.9%	28	34.1%	82
South Carolina Dental Association	426	84.2%	80	15.8%	506
South Dakota Dental Association	113	96.6%	4	3.4%	117
Tennessee Dental Association	453	72.9%	168	27.1%	621
Texas Dental Association	2,448	59.1%	1,692	40.9%	4,140
Utah Dental Association	350	70.7%	145	29.3%	495
Vermont State Dental Society	56	82.4%	12	17.6%	68
Virgin Islands Dental Association	0	0.0%	1	100.0%	1
Virginia Dental Association	694	61.9%	427	38.1%	1,121
Washington State Dental Association	843	71.3%	340	28.7%	1,183
West Virginia Dental Association	112	59.6%	76	40.4%	188
Wisconsin Dental Association	515	75.4%	168	24.6%	683
Wyoming Dental Association	86	87.8%	12	12.2%	98
Air Force Dental Corps	306	53.6%	265	46.4%	571
Army Dental Corps	304	53.1%	268	46.9%	572
Civil Service	5	16.7%	25	83.3%	30
Navy Dental Corps	275	52.0%	254	48.0%	529
Public Health Service	59	72.8%	22	27.2%	81
Veterans Affairs	49	69.0%	22	31.0%	71
Dental School	2,081	66.9%	1,028	33.1%	3,109
Graduate Students	885	42.9%	1,178	57.1%	2,063
Provisional Members	10	45.5%	12	54.5%	22
Unknown Addresses	0	0.0%	215	100.0%	215
International Members	23	25.0%	69	75.0%	92
Other Direct Members	0	0.0%	4	100.0%	4
Total	**30,886**	**65.0%**	**16,666**	**35.0%**	**47,552**

Source: 2014 ADA Dentist Masterfile

Distribution of 2014 New Dentists and New Dentist Market Share by State



ADA 2014 market share data. NC= No New Dentist Committee. Eighty-nine percent of new dentists are in states with committees

2014-2009 State Market Share, Difference, and Percent Change in Share for Active Licensed Dentist and New Dentist Market Share

State Dental Society	State Active Licensed Dentist Market Share 2014	State Active Licensed Dentist Market Share 2009	Difference Active Licensed Dentist Market Share 2009-14	Percent Change Active Licensed Dentist Market Share 2009-14	New Dentist State Market Share 2014	New Dentist State Market Share 2009	Difference New Dentist Market Share 2009-14	Percent Change New Dentist Market Share 2009-14
ALASKA DENTAL SOCIETY	63.6%	71.6%	(8.0%)	(11.2%)	74.0%	76.8%	(2.8%)	(3.6%)
ALABAMA DENTAL ASSOCIATION	66.3%	74.5%	(8.2%)	(11.0%)	61.8%	70.2%	(8.4%)	(12.0%)
ARKANSAS STATE DENTAL ASSOCIATION	77.7%	81.8%	(4.1%)	(5.0%)	81.4%	87.2%	(5.8%)	(6.7%)
ARIZONA DENTAL ASSOCIATION	56.1%	63.9%	(7.8%)	(12.2%)	57.3%	62.0%	(4.7%)	(7.6%)
CALIFORNIA DENTAL ASSOCIATION	66.2%	68.9%	(2.7%)	(3.9%)	72.3%	75.8%	(3.5%)	(4.6%)
COLORADO DENTAL ASSOCIATION	73.5%	81.2%	(7.7%)	(9.5%)	74.5%	84.4%	(9.9%)	(11.7%)
CONNECTICUT STATE DENTAL ASSOCIATION	70.8%	78.8%	(8.0%)	(10.2%)	52.0%	68.8%	(16.8%)	(24.4%)
DISTRICT OF COLUMBIA DENTAL SOCIETY	51.7%	59.7%	(8.0%)	(13.4%)	41.1%	40.3%	0.8%	2.0%
DELAWARE STATE DENTAL SOCIETY	82.5%	89.5%	(7.0%)	(7.8%)	77.3%	77.3%	0.0%	0.0%
FLORIDA DENTAL ASSOCIATION	56.4%	63.7%	(7.3%)	(11.5%)	56.3%	60.7%	(4.4%)	(7.2%)
GEORGIA DENTAL ASSOCIATION	64.6%	70.0%	(5.4%)	(7.7%)	69.7%	73.3%	(3.6%)	(4.9%)
HAWAII DENTAL ASSOCIATION	84.4%	86.4%	(2.0%)	(2.3%)	86.3%	89.2%	(2.9%)	(3.3%)
IOWA DENTAL ASSOCIATION	86.7%	89.2%	(2.5%)	(2.8%)	88.1%	91.9%	(3.8%)	(4.1%)
IDAHO STATE DENTAL ASSOCIATION	72.6%	83.0%	(10.4%)	(12.5%)	66.7%	84.5%	(17.8%)	(21.1%)
ILLINOIS STATE DENTAL SOCIETY	65.7%	69.9%	(4.2%)	(6.0%)	72.8%	75.0%	(2.2%)	(2.9%)
INDIANA DENTAL ASSOCIATION	76.6%	80.7%	(4.1%)	(5.1%)	77.4%	85.1%	(7.7%)	(9.0%)
KANSAS DENTAL ASSOCIATION	74.8%	75.6%	(0.8%)	(1.1%)	88.0%	79.7%	8.3%	10.4%
KENTUCKY DENTAL ASSOCIATION	56.7%	64.4%	(7.7%)	(12.0%)	52.3%	64.4%	(12.1%)	(18.8%)
LOUISIANA DENTAL ASSOCIATION	74.4%	78.5%	(4.1%)	(5.2%)	77.4%	80.4%	(3.0%)	(3.7%)
MASSACHUSETTS DENTAL SOCIETY	77.2%	80.9%	(3.7%)	(4.6%)	74.7%	75.7%	(1.0%)	(1.3%)
MARYLAND STATE DENTAL ASSOCIATION	51.7%	56.5%	(4.8%)	(8.5%)	53.1%	51.2%	1.9%	3.7%
MAINE DENTAL ASSOCIATION	84.5%	87.8%	(3.3%)	(3.8%)	75.3%	82.1%	(6.8%)	(8.3%)
MICHIGAN DENTAL ASSOCIATION	74.4%	75.5%	(1.1%)	(1.5%)	78.2%	76.5%	1.7%	2.2%
MINNESOTA DENTAL ASSOCIATION	73.6%	80.0%	(6.4%)	(8.0%)	76.4%	79.9%	(3.5%)	(4.4%)
MISSOURI DENTAL ASSOCIATION	66.4%	71.0%	(4.6%)	(6.5%)	74.0%	74.6%	(0.6%)	(0.8%)
MISSISSIPPI DENTAL ASSOCIATION	74.5%	78.4%	(3.9%)	(5.0%)	77.3%	76.7%	0.6%	0.8%
MONTANA DENTAL ASSOCIATION	84.3%	88.3%	(4.0%)	(4.5%)	86.1%	89.3%	(3.2%)	(3.6%)
NORTH CAROLINA DENTAL SOCIETY	66.7%	73.7%	(7.0%)	(9.5%)	61.7%	65.9%	(4.2%)	(6.4%)
NORTH DAKOTA DENTAL ASSOCIATION	87.1%	88.3%	(1.2%)	(1.4%)	90.7%	89.9%	0.8%	0.9%
NEBRASKA DENTAL ASSOCIATION	72.8%	76.4%	(3.6%)	(4.7%)	82.7%	79.4%	3.3%	4.2%
NEW HAMPSHIRE DENTAL SOCIETY	78.2%	82.4%	(4.2%)	(5.1%)	69.7%	80.4%	(10.7%)	(13.3%)
NEW JERSEY DENTAL ASSOCIATION	53.4%	58.8%	(5.4%)	(9.2%)	54.9%	62.3%	(7.4%)	(11.9%)
NEW MEXICO DENTAL ASSOCIATION	57.4%	72.0%	(14.6%)	(20.3%)	55.0%	74.2%	(19.2%)	(25.9%)

2014-2009 State Market Share, Difference, and Percent Change in Share for Active Licensed Dentist and New Dentist Market Share

State Dental Society	State Active Licensed Dentist Market Share 2014	State Active Licensed Dentist Market Share 2009	Difference Active Licensed Dentist Market Share 2009-14	Percent Change Active Licensed Dentist Market Share 2009-14	New Dentist State Market Share 2014	New Dentist State Market Share 2009	Difference New Dentist Market Share 2009-14	Percent Change New Dentist Market Share 2009-14
NEVADA DENTAL ASSOCIATION	55.6%	66.0%	(10.4%)	(15.8%)	53.2%	60.4%	(7.2%)	(11.9%)
NEW YORK STATE DENTAL ASSOCIATION	64.9%	72.0%	(7.1%)	(9.9%)	57.5%	64.1%	(6.6%)	(10.3%)
OHIO DENTAL ASSOCIATION	70.8%	76.6%	(5.8%)	(7.6%)	70.1%	76.2%	(6.1%)	(8.0%)
OKLAHOMA DENTAL ASSOCIATION	73.8%	76.8%	(3.0%)	(3.9%)	77.1%	81.3%	(4.2%)	(5.2%)
OREGON DENTAL ASSOCIATION	63.3%	69.3%	(6.0%)	(8.7%)	65.4%	67.2%	(1.8%)	(2.7%)
PENNSYLVANIA DENTAL ASSOCIATION	55.8%	61.5%	(5.7%)	(9.3%)	55.4%	60.7%	(5.3%)	(8.7%)
RHODE ISLAND DENTAL ASSOCIATION	77.6%	81.1%	(3.5%)	(4.3%)	65.9%	70.9%	(5.0%)	(7.1%)
SOUTH CAROLINA DENTAL ASSOCIATION	80.6%	80.8%	(0.2%)	(0.2%)	84.2%	80.7%	3.5%	4.3%
SOUTH DAKOTA DENTAL ASSOCIATION	93.2%	93.9%	(0.7%)	(0.7%)	96.6%	97.1%	(0.5%)	(0.5%)
TENNESSEE DENTAL ASSOCIATION	66.7%	69.8%	(3.1%)	(4.4%)	72.9%	71.1%	1.8%	2.5%
TEXAS DENTAL ASSOCIATION	60.5%	67.5%	(7.0%)	(10.4%)	59.1%	64.7%	(5.6%)	(8.7%)
UTAH DENTAL ASSOCIATION	70.5%	77.2%	(6.7%)	(8.7%)	70.7%	79.6%	(8.9%)	(11.2%)
VIRGINIA DENTAL ASSOCIATION	61.1%	67.6%	(6.5%)	(9.6%)	61.9%	62.5%	(0.6%)	(1.0%)
VERMONT STATE DENTAL SOCIETY	84.4%	87.4%	(3.0%)	(3.4%)	82.4%	82.2%	0.2%	0.2%
WASHINGTON STATE DENTAL ASSOCIATION	68.0%	76.6%	(8.6%)	(11.2%)	71.3%	75.4%	(4.1%)	(5.4%)
WISCONSIN DENTAL ASSOCIATION	73.1%	80.5%	(7.4%)	(9.2%)	75.4%	83.2%	(7.8%)	(9.4%)
WEST VIRGINIA DENTAL ASSOCIATION	68.2%	76.4%	(8.2%)	(10.7%)	59.6%	74.5%	(14.9%)	(20.0%)
WYOMING DENTAL ASSOCIATION	79.1%	86.6%	(7.5%)	(8.7%)	87.8%	94.5%	(6.7%)	(7.1%)

Rules and Organization of the Board of Trustees

Charter – New Dentist Committee

Purpose. As a committee of the Board, the primary purpose of the New Dentist Committee is to advise the Board of Trustees on matters relating to new dentists.

Powers. The Board of Trustees has delegated to the New Dentist Committee the power and authority necessary to discharge its duties, including creation of subcommittees needed to carry out its responsibilities.

Composition and Selection. As set forth in the *Bylaws*.

Chair and Vice Chair. The New Dentist Committee shall nominate a chair and submit the name of that member to the Board of Trustees for consideration. One member of the New Dentist Committee may be elected annually by the affirmative vote of a majority of members present and voting to serve as vice chair.

There shall be a Board of Trustees liaison to the New Dentist Committee. This Board of Trustees' liaison shall be assigned by the President to serve as an observer and provider of information, consistent with the guidelines for Council Liaison set forth in these *Rules*.

Electronic Recordings. The New Dentist Committee may cause to be made an electronic record of its proceedings to assist in the preparation of accurate meeting minutes. No other recording is permitted unless authorized by the Board of Trustees. If an electronic recording is made, the time required to retain the recording before it is destroyed or erased shall be until the conclusion of the meeting of the House of Delegates or for a period of one year, whichever is longer.

Subcommittees. The New Dentist Committee shall have subcommittees as appropriate.

Budget. The New Dentist Committee chair and director shall submit, in writing, a proposed itemized budget of anticipated expenditures for the ensuing fiscal year through the Executive Director.

Meetings. The New Dentist Committee will meet a minimum of twice a year, with the expectation that additional meetings by conference call may be required to adequately fulfill all the obligations and duties outlined in the charter. All committee members are expected to attend each meeting, in person or electronically. In addition, subcommittees may meet in person or by conference call. Additional in-person meetings are subject to funds being available. The Committee shall utilize ADA Connect to the extent practical to carry out its work.

Meeting agendas will be prepared for every meeting and provided to the New Dentist Committee members at least five days in advance of the scheduled meeting, along with the appropriate materials needed to make informed decisions. The New Dentist Committee shall act only on the affirmative vote of a majority of the members present and voting at a meeting or by unanimous consent. Minutes of these meetings are to be maintained on ADA Connect.

The Committee shall work to manage its schedule to allow one meeting to be scheduled in conjunction with a meeting of the Board so as to allow for interaction between the Board and the Committee. As appropriate, as determined by the President, a contingent of Committee members may be invited to participate in discussions at this Board meeting. In addition, at the discretion of the President, one or more Committee members will be given the opportunity to participate in other Board meetings based on action proposed by the Committee in reports to the Board or the presence on the Board agenda of items relevant to new dentists. Additionally, Committee members may attend meetings of other Board committees at the invitation of the chair of such committee.

Areas of Responsibility: The Committee shall:

- Review and advise the Board on member benefits and the member experience from a new dentist perspective.
- Review and advise the Board on policy affecting new dentists.
- Promote the role of new dentists and foster leadership development in national, state and local societies

- Provide a new dentist perspective to councils through a liaison relationship or as designated consultants.
- Work with the Council on ADA Sessions on the successful implementation of a new dentist program at the ADA Annual Meeting.
- Advise on and assist in implementation of the ADA dental school strategy.
- Address other matters as assigned by the Board of Trustees.

Each Committee member shall be expected to communicate with state and local societies within his or her district and to seek to work with those societies, to promote the role of new dentists within them.

Reports. The New Dentist Committee shall provide written reports to the Board of Trustees on its work as necessary to keep the Board informed of conclusions or recommendations of the Committee. The Committee may also propose to the Board reports to be forwarded to the House of Delegates. The Committee may request to present a report to the Board of Trustees through one or more of its members, in addition to in writing, as necessary to communicate with the Board. The Committee may also propose amendments to this charter. For the December Board meeting, the Committee shall submit a written report to the Board outlining its anticipated areas of emphasis within its areas of responsibilities for the year.

Resolution No. NA New

Report: Board Report 15 Date Submitted: October 2015

Submitted By: Board of Trustees

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

REPORT 15 OF THE BOARD OF TRUSTEES TO THE HOUSE OF DELEGATES: ADA END-OF-YEAR DIVERSITY AND INCLUSION PROGRESS

Introduction: Increasing the number of American Dental Association (ADA) members is a core competency of the ADA. Key demographic groups, including women and dentists of diverse racial and ethnic backgrounds, continue to lag the overall ADA membership market share. As the dental workforce becomes more diverse, ADA's market share of dentists may decline given the decreased likelihood of women and non-whites to maintain ADA membership compared with white men. While efforts to increase membership diversity are important, inclusion must be an implicit part of the ADA's culture at the national, state and local levels in order to cultivate a climate where everyone feels welcomed and valued.

Background: ADA's diversity and inclusion efforts have been ongoing with notable progress over the last several years. The year 2010 was pivotal for the ADA regarding diversity and inclusion, with the historic 2010 National Summit on Diversity in Dentistry and the investiture of Dr. Raymond Gist as the Association's first African American president. In 2011, diversity became an implicit part of the ADA mission statement, and the definition of diversity was expanded beyond membership diversity.

> **54H-2011: Resolved**, that ADA diversity is defined as differences related to personal characteristics, demographics, and professional choices.

A comprehensive timeline of ADA Diversity and Inclusion Progress is included as Appendix 1.

Elevating ADA's Diversity and Inclusion Efforts: Although diversity and inclusion progress has been made, more work is needed for ADA's governance, programs and policies to both be and be widely seen as sensitive to diversity in the dental profession and the nation's population. Through its 2015-2019 ADA Diversity and inclusion Plan (Appendix 2), the ADA is positioned for greater success with new and expanded priorities centered on three primary goals: 1) Building a Diverse Membership; 2) Fostering a Welcoming and Inclusive Culture; and, 3) Creating a System of Sustainability.

The 2015-2019 ADA Diversity and Inclusion Plan presents a framework for elevating ADA's diversity and inclusion efforts, as well as opportunities for measuring progress and results. The plan was developed by the Diversity and Inclusion Committee and adopted by the ADA Board of Trustees in December 2014. Implementation of the plan began in January 2015. The plan is aligned with key goals and objectives in the Members First 2020 strategic plan and leverages collective efforts from key agencies within the ADA. Because the national, state and local organizations work together to serve members, in order to meet those members' needs at all levels, the 2015-2019 ADA Diversity and Inclusion Plan is also intended to enhance opportunities for diversity and inclusion progress at the state and local level.

2015 Diversity and Inclusion Progress—A Year in Review: A summary of activities directed toward specific goals, objectives and metrics since implementation of the 2015-2019 ADA Diversity and Inclusion Plan are highlighted in Appendix 3, while information below summarizes progress and analysis related to specific objectives, as well as plans to further impact objectives during the coming year.

Goal 1: Build Membership Diversity

Progress

- **Objective 1 − Increase membership diversity**: At end-of-year 2014, membership market share for women dentists and dentist of diverse racial and ethnic backgrounds lagged behind the overall ADA membership market share. Several marketing strategies were deployed in 2015 to positively impact end-of-year 2015 market share numbers for these key segments. Final end-of-year 2015 market share numbers will be available during the first quarter of 2016.

Market Segment	End-of-Year 2014 Market Share
Overall Market	64.5%
All Minorities	51.9%
Women	59.4%

- **Objective 2 – Increase awareness among members, prospective members and the nation's population regarding ADA's diversity and inclusion opportunities, efforts, resources and stories of interest**: In order to attract women and dentists of diverse backgrounds to ADA membership, it is critical for the ADA to both be and be widely seen as sensitive to diversity in the dental profession and nation's population. In this regard, ADA has elevated its focus on not only increasing its diversity and inclusion efforts, but increasing awareness of its efforts and stories of interest through key communication vehicles. New this year, diversity and inclusion related posts are featured via ADA social media outlets and spotlights on women dentists and dentists of diverse backgrounds are featured through a member profile series in *ADA News*. Through deployment of a new survey, awareness of ADA diversity and inclusion progress among members and nonmembers will be benchmarked in 2015 in order to establish baseline metrics to compare in the future.

Moving Forward

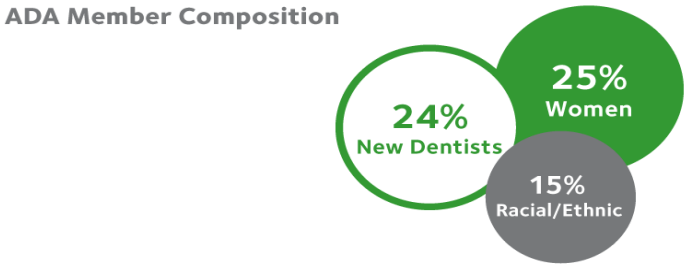
- To learn more about the membership experience among women and dentists in ethnic/diverse segments, several surveys were deployed in 2015. The data will be used to gain insight into the perceptions of member value and opinions for these market segments. Based upon survey findings, the Diversity and Inclusion Committee and the Council on Membership will be engaged to help identify new approaches and strategies that can be leveraged to help positively impact these market segments moving forward. In addition, a pilot diversity and inclusion outreach initiative is being conducted in four key components offering opportunity for growth with women and diverse market segments, Greater Houston Dental Society (TX), Chicago Dental Society (IL), West Coast Dental Association (FL), New York County Dental Society (NY). Based on pilot findings, successful strategies will be expanded to additional component societies to help impact membership progress with these key segments. Also, in 2016, a focus on elevating ADA's diversity and inclusion efforts will continue. In addition, a key priority will be to work closely with the ADA Marketing and Communications team to better weave diversity and inclusion into the overall ADA brand.

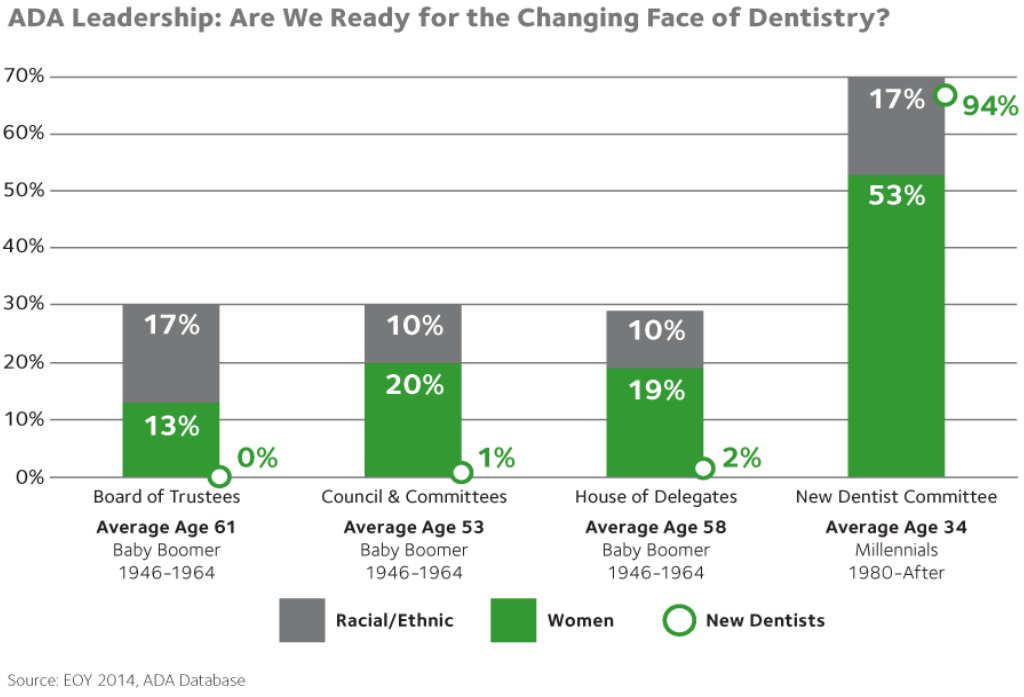
Goal 2: Foster a Welcoming and Inclusive Environment

Progress

- **Objective 3** – **Increase leadership diversity:** A lack of inclusion is currently reflected in the disparity that exists between membership diversity and leadership diversity at the national, state

and local levels of the ADA. Best practice leadership standards across a variety of industries, including corporate, healthcare and association industries, suggest that an organization's leadership and governance composition should reflect the varied constituents it serves. In order for the ADA to gain diverse perspectives and ensure its relevance and sustainability, its pool of emerging leaders should reflect its member composition. Distinct disparities in national leadership positions are evident in the following leadership diversity analysis.





Source: EOY 2014, ADA Database

- **Objective 4 – Cultivate a welcoming and inclusive environment:** For the first time, ADA conducted a survey to assess its welcoming and inclusive climate in order to establish baseline metrics to compare in the future. While preliminary findings are positive among all respondents and perceptions across all three levels of the Association are fairly consistent, the research indicates that members and nonmembers continue to experience or observe prejudice in regards to race/ethnicity, gender, religion, social/politics and age. This benchmark study will help determine what actions can be taken in order to maintain or ensure future progress for a welcoming and inclusive environment.

Moving Forward

- ADA leadership diversity analyses will be shared with key stakeholders, including the ADA Board of Trustees and state and local dental society staff and volunteers to encourage consideration of diversity in leadership selections and appointments. Also, results from ADA's welcoming and inclusive climate assessment will be used to establish a baseline metric, identify specific actions to help change perceptions among members and nonmembers and tailor segmented recruitment and retention campaigns to diverse segments. In addition, the welcoming and inclusive survey template will be made available to state and local societies for those who wish to deploy at a grassroots level.

Goal 3: Create a System of Sustainability

Progress

- **Objective 5 – Institutionalize shared accountability for a culture of diversity and inclusion**. As an initial step, the 2015-2019 ADA Diversity and Inclusion Plan and framework has been socialized to a significant number of key stakeholders, including both staff and volunteers at the national and state level in an effort to 1) create a sense of urgency around the need to embrace diversity and inclusion across all levels of the ADA; and 2) develop a coalition of key stakeholders throughout the ADA system (national, state and local) to help facilitate a diversity and inclusion change management process.

- **Objective 6 – Develop strong relationships with a broad range of dental organizations with members of diverse backgrounds, perspectives and experiences**. The ADA continues to maintain and further build relationships with the Diversity Summit Presidents' Group (American Dental Association (ADA), American Association of Women Dentists (AAWD), Hispanic Dental Association (HDA), National Dental Association (NDA) and the Society of American Indian Dentists (SAID) to positively impact its overarching goal: To collaborate on behalf of oral health, the public and the profession. In addition, starting in 2015, the Diversity and Inclusion Committee now invites representatives from the organizations of the Diversity Summit Presidents' Group to participate in its Diversity and Inclusion Committee meetings to gain additional insights and perspectives regarding opportunities for elevating ADA diversity and inclusion.

Moving Forward

- In year two of implementing the 2015-2019 ADA Diversity and Inclusion Plan, advancing diversity and inclusion at the state and local level will be a key priority for the Diversity and inclusion Committee, along with implementing a process by which to track diversity and inclusion progress across all levels. In addition, relationship building with the Diversity Summit Presidents' Group associations will continue to be a focus at the national level while encouraging state and local dental societies to foster greater collaboration with these key associations at the regional, state and local level.

Resolutions

This report is informational and no resolutions are presented.

BOARD RECOMMNDATION: Vote Yes to Transmit.

BOARD VOTE: UNANIMOUS. (BOARD OF TRUSTEES CONSENT CALENDAR ACTION—NO BOARD DISCUSSION)

Appendix 1

ADA's Diversity and Inclusion Progress and Goals

ADA's diversity experience stems from:

- long-running programs for engaging a wide range of members and non-members in Association affairs;
- reducing oral health disparities across population groups; leadership development for diverse dentists;
- diversity education for ADA leaders; and
- encouraging under-represented students from diverse racial/ethnic backgrounds to pursue dental careers.

Notable progress has been made over the last several years.

Timeline

2010

The year was pivotal for the ADA regarding diversity and inclusion with the historic 2010 National Summit on Diversity in Dentistry and the investiture of Dr. Raymond Gist as the Association's first African-American president. The Diversity Summit Presidents' group, stemming from the Summit continues to meet on a regular basis.

2011

Diversity became an explicit part of the ADA mission statement, and the definition of diversity was expanded beyond membership diversity.

Resolution 54H-2011. Resolved, *that ADA diversity is defined as differences related to personal characteristics, demographics, and professional choices.*

2012

The ADA implemented a two-year diversity and inclusion plan with goals designed to enhance diversity and inclusion within its membership, leadership, and educational resources.

2013

In support of its Diversity and Inclusion Plan, the ADA supported increasing leadership diversity as a strategic focus and launched a process to gain deeper insights into increasing leadership diversity across all levels of the ADA. The ADA also made progress in expanding diverse perspectives to inform the Board of Trustees in its decision-making process.

2014

The ADA continued its work to increase leadership diversity, including expansion of its Institute for Diversity in Leadership from 12 to 16 participants and approved funding for a new leadership development network designed to increase the pool of potential ADA leaders from diverse backgrounds.

2015

ADA expanded its priorities to focus on advancing diversity and inclusion across all levels of the ADA, national, state and local, through its **2015-2019 Diversity and Inclusion Plan**, which has three primary goals:

- **A Diverse Membership**
  Build Membership Diversity
- **An Inclusive Organization**
  Foster an Inclusive and Welcoming Environment
- **A System of Sustainability**
  Institutionalize Sustainability

ADA American Dental Association®

America's leading advocate for oral health

ADA DIVERSITY & INCLUSION PLAN

2015 - 2019

Last Update: March, 2015

TABLE OF CONTENTS

1.0 EXECUTIVE SUMMARY

The ADA's 2015-2019 Diversity and Inclusion Plan presents a framework for elevating ADA's diversity and inclusion efforts, as well as opportunities for measuring progress and results. The plan is supported by ADA's operational structure within the Division of Member and Client Services and is aligned with key goals and objectives in the Member First 2020 Strategic Plan. The 2015-2019 Diversity and Inclusion Plan requires and leverages collective effort from key agencies within the ADA.

Because the national, state and local organizations work together to serve members, in order to meet those members' needs at all levels, leveraging diversity and inclusion throughout the organization is critical. To this end, the ADA 2015-2019 Diversity and Inclusion plan is intended to enhance opportunities for diversity and inclusion progress across all levels of the ADA.

To accomplish this, the American Dental Association has established three primary diversity and inclusion strategic goals. The three goals are highlighted below:

Goals

To elevate diversity and inclusion the ADA will pursue the following goals:

1. **A Diverse Membership**: Build Membership Diversity
   The face of dentistry is changing as more women and diverse individuals are entering the profession. A diverse membership that strongly reflects all segments of the dental workforce is crucial to ADA's membership success.

2. **An Inclusive Organization:** Foster an Inclusive and Welcoming Environment
   An inclusive organization enables us to have members represented and included and make everyone feel welcomed and valued, not only for their abilities, but also for their unique qualities and perspectives.

3. **A System of Sustainability:** Institutionalize Sustainability
   Sustainability is critical to diversity and inclusion success. Established systems that incorporate structures and strategies to equip key stakeholders with the ability to manage diversity, be accountable and measure results is essential to progress.

2.0 BUSINESS CASE FOR DIVERSITY AND INCLUSION

Diversity
According to the ADA's A Profession in Transition: Key Forces Reshaping the Dental Landscape, prepared by the ADA's Health Policy Institute, key demographic groups including women, diverse and new dentists continue to lag the overall ADA membership market share.

> "As the dental workforce becomes more diverse, ADA's market share of dentists may decline. The decreased likelihood of women and non-whites to maintain ADA membership compared with white men may reduce ADA's market share going forward as these demographic groups make up a higher proportion of the profession."

These findings are supported by market share numbers for non-whites and women as outlined in the ADA's 2014 EOY Market Share Report. (Appendix 1).

Inclusion
While efforts to increase membership diversity are important, inclusion must be an implicit part of the ADA's culture at the national, state and local levels. An intentional focus on inclusion will ensure that efforts to diversify the membership are supported by a culture that creates a climate where everyone feels welcomed and valued. Diversity is counting all, while inclusion is making sure that all are counted.

A lack of inclusion is currently reflected in the disparity that exists between membership diversity and leadership diversity at the national, state and local levels of the ADA. The pool of emerging leaders within the ADA should reflect the changing demographics of dentistry in order for the Association to gain diverse perspectives and ensure its relevance and sustainability.

Distinct disparities in national leadership positions are evident in leadership diversity analyses (Appendix 2) reflecting the demographic makeup of ADA's leadership. As the makeup of the United States and the demographics of dentistry continue to change, this disparity will become increasingly apparent without the successful engagement of diverse leaders across all levels of the ADA.

The Case
The ADA's context and organizational perspective for diversity and inclusion is representative of the dental profession being less diverse than the U.S. population, ADA membership being less diverse than the dental profession and ADA leadership being less diverse than ADA membership**.**

As the face of dentistry changes with more women and diverse individuals entering the profession, growth in diversity and a culture of inclusion will reinforce ADA's leadership role within organized dentistry and ensure that the membership fabric of the ADA remains strong.

Not taking action to enhance diversity and inclusion across all levels of the ADA will result in the ADA missing opportunities to shape the industry and demonstrate relevance to women, diverse groups and new dentists entering the profession. This would have a significant negative impact on ADA's standing, credibility and ability to advocate that would fundamentally change the stature and influence of the Association as a leader in oral health. It would also have dire consequences for constituent and component dental societies.

3.0 INTRODUCTION

The ADA is committed to its members and to the improvement of oral health for the public. The ADA's vision is to be the recognized leader on oral health with its mission to help all members succeed.

In order to accomplish the ADA mission, a continued commitment to diversity and inclusion is critical. ADA's diversity experience stems from long-running programs for: engaging a wide range of members and non-members in association affairs; reducing oral health disparities across population groups; leadership development for diverse dentists; diversity education for ADA leaders; and encouraging under-represented students from diverse racial/ethnic backgrounds to pursue dental careers. ADA's diversity and inclusion efforts have been ongoing with notable progress over the last several years.

The year 2010 was pivotal for the ADA regarding diversity and inclusion, with the historic 2010 National Summit on Diversity in Dentistry and the investiture of Dr. Raymond Gist as the Association's first African-American president.

In 2011, diversity became an explicit part of the ADA mission statement, and the definition of diversity was expanded beyond membership diversity.

> **Resolution 54H-2011. Resolved,** that ADA diversity is defined as differences related to personal characteristics, demographics, and professional choices.

In 2012, the ADA implemented a two-year diversity and inclusion plan with goals designed to enhance diversity and inclusion within its membership, leadership, and educational resources.

In 2013, in support of its Diversity and Inclusion Plan, the ADA adopted increasing leadership diversity as a strategic focus and launched a process to gain deeper insights into increasing leadership diversity across all levels of the ADA. The ADA also made progress in expanding diverse perspectives to inform the Board of Trustees in its decision making process.

In 2014, the ADA continues its work to increase leadership diversity, including expansion of its Institute for Diversity in Leadership from 12 to 16 participants and development of a new leadership development network (launching in 2015) designed to increase the pool of potential ADA leaders from diverse backgrounds.

Although diversity and inclusion progress has been made, more work is needed for ADA's governance, programs and policies to both be and be widely seen as sensitive to diversity in the dental profession and nation's population. Moving forward, ADA's strong appreciation for both diversity and inclusion, positions it for success with new and expanded priorities. ADA's commitment to building a diverse membership, fostering a welcoming and inclusive culture and supporting strategies for sustainability is reflected in the following 2015-2019 Diversity and Inclusion Plan. It should be noted that as the Association embraces change, objectives and strategies could shift based on interim results and different opportunities.

4.0 GOALS, OBJECTIVES AND STRATEGIES

GOAL 1: A DIVERSE MEMBERSHIP
Build membership diversity

The face of dentistry is changing as more women and diverse individuals are entering the profession. A diverse membership that strongly reflects all segments of the dental workforce is crucial to ADA's success as an organization representative of the profession.

Objective 1.1: Increase Membership Diversity (In alignment with the ADA Council on Membership)

Members First 2020 Membership Goal; Objective 2:
ADA's member market share will equal at least 70% of active licensed dentists.

Strategies:

- Leverage the Division of Member and Client Services (DMCS) new business model to help foster diversity and inclusion at the national, state and local level.
  - Provide diversity and inclusion information and resources, including best practices, to state and local dental society staff and leaders via appropriate communication channels.
  - Prioritize diversity and inclusion efforts based on states offering the most opportunity for growth and engagement.

Metrics:

- Aligned with annual metrics set forth by the ADA Council on Membership and Membership Marketing.
  - An increase in market share for racially and ethnically diverse dentists by 1.5 percentage points by 2016 (from 53% at the end of year 2013 to 54.5% in 2016)
  - An increase in market share for women dentists by 1.5 percentage points by 2016 (from 60% at the end of 2013 to 61.5% in 2016).

Leading Indicators:

- Quarterly membership reports; EOY membership reports; dental student conversion rates for lagging markets; retention rates for lagging markets; level of utilization of diversity and inclusion resources; level of diversity and inclusion activities.

Objective 1.2: Increase awareness among members, prospective members and the nation's population regarding ADA's diversity and inclusion opportunities, efforts, resources and stories of interest.

Members First 2020 Membership Goal; Objective 1:
The public will recognize the ADA and its members as leaders and advocates in oral health.

Strategies:

- In concert with ADA's Communications and Marketing division and other appropriate areas, develop a communications strategy to highlight ADA's diversity and inclusion opportunities, efforts, resources and stories of interests.
  - Launch a diversity and inclusion resource page on ADA.org.
  - Incorporate a diversity and inclusion social media strategy.
  - Leverage ADA E-Publications (Membership Contact & Connection, New Dentist News, ADA News, etc.), ADA's Dental School Strategy, ADA's Action for Dental Health, and ADA's Institute for Diversity in Leadership Alumni Network.
  - Identify external publications and venues of interest to dentist of diverse backgrounds as potential channels of communication.
- Develop a scoreboard to monitor ADA diversity and inclusion communications and activity.
- Develop a survey that measures racially and ethnically diverse dentists' awareness and perceptions regarding ADA's diversity and inclusion commitment and practices.

Metrics:

- Establish a baseline for measuring diversity and inclusion awareness, through deployment of a new survey*, Survey of Racially and Ethnically Diverse Dentists,* by first quarter 2015.
- Increase percentage levels of awareness and perception ratings regarding ADA's Diversity and Inclusion commitment and practices, on an annual basis, over an established baseline in 2015.

Leading Indicators:

- Number of visits to ADA diversity and inclusion page; number of diversity and inclusion related stories; level of diversity and inclusion related social media activity; level of ADA diversity and inclusion activities/efforts; number of communication channels.

GOAL 2: AN INCLUSIVE ORGANIZATION

Cultivate an inclusive environment

An inclusive organization enables us to have all people represented and included and make everyone feel welcomed and valued, not only for their abilities, but also for their unique qualities and perspectives.

Objective 2.1: Increase leadership diversity

Members First 2020 Membership Goal; Objective 2:
ADA's member market share will equal at least 70% of active licensed dentists.

Strategies:

- Launch the Leadership Development Network in 2015 to engage a new pool of potential diverse leaders.
- Leverage Institute for Diversity in Leadership students and alumni as key candidates for leadership positions.
  - Share list of Institute for Diversity in Leadership alumni with key ADA influencers and decision makers.
- Leverage the Diversity and Inclusion Committee to help the ADA Board of Trustees connect Institute alumni and others from diverse backgrounds, who are strong candidates for leadership roles, with leadership opportunities within their respective state and local dental societies.

- Equip national, state and local leaders and staff with leadership diversity information, inclusive of talking points and data, to help foster leadership diversity at all levels of the organization.
    - Develop diversity and inclusion lens tool that can help state and local dental societies identify barriers to leadership diversity, as well as monitor leadership diversity progress. Build off of information gained from the 2011 Leadership Diversity Survey.
- Leverage the dental school strategy to help foster a diverse pipeline of future leaders earlier on.
- Align New Dentist Committee leadership initiatives with leadership diversity goals.
- Develop and share a scoreboard that monitors ADA's leadership diversity (House of Delegates, ADA Board, and ADA Councils & Committees).

Metrics: (Baselines for leadership diversity to be established at EOY 2014)

- Increase the percentage of diverse representation (women and racially and ethnically diverse dentists) in the ADA House of Delegate to reflect the respective district's overall membership diversity by EOY 2019, while establishing short-term representation metrics on an annual basis.
- Increase the percentage of diverse representation (women and racially and ethnically diverse dentists) on the ADA Board, Councils and Committees to reflect ADA's overall membership diversity by EOY 2019, while establishing short-term representation metrics on an annual basis.

Leading Indicators:

- Number of state and local leadership development programs fostering leadership diversity; number of dentists participating in national, state and local leadership development programs; level of ADA Board of Trustee diversity and inclusion engagement within their district; number of districts reflecting leadership mirroring their membership diversity; increase in pool of potential diverse leaders; elevated knowledge share of pool of potential diverse leaders.

Objective 2.2: Cultivate a welcoming and inclusive environment

Members First 2020 Membership Goal; Objective 2:
ADA's member market share will equal at least 70% of active licensed dentists.

Strategies

- Provide dental societies with information and resources to help foster a welcoming and inclusive environment.
- Integrate diversity and inclusion educational component as a core competency for ADA Board of Trustees, ADA councils and committees, and key national, state and local volunteer leaders and staff.

Metrics:

- Establish a baseline, in 2015, for measuring the welcoming and inclusion climate of the ADA, at all levels, via the inclusion of a "welcoming and inclusive" measurement question in the Member Value and Loyalty Survey (collaborative survey with the ADA and state dental societies) slated for deployment by first quarter 2015.
- Increase perception of ADA's "welcoming and inclusive" climate at the national, state and local level (over an established 2015 baseline) as indicated via the deployment cycle of the ADA Member Value Loyalty Survey.

Leading Indicators

- Number of diversity and inclusion related programs and activities; number of leaders engaging in diversity and inclusion education; level of utilization of diversity and inclusion resources.

GOAL 3: A SYSTEM OF SUSTAINABILITY

Establish systems of sustainability

Sustainability is critical to diversity and inclusion success. Established systems that incorporate structures and strategies to equip key stakeholders with the ability to manage diversity, be accountable, measure results and institutionalize a culture of inclusion is essential to progress.

Objective 3.1: Institutionalize shared accountability for a culture of diversity and inclusion.

Members First 2020 Organizational Capacity Goal; Objective 6
The roles and responsibilities of each element of the tripartite will be clearly defined and agreed upon.

Strategies:

- Create a sense of urgency across all levels of the ADA around the need to embrace diversity and inclusion.
- Develop a coalition of key stakeholders throughout the ADA system (national, state and local) to help facilitate a diversity and inclusion change management process.
  - Leverage the Power of Three, The Institute Alumni Network and the ADA Diversity and Inclusion Committee
- Equip national, state and local leaders with diversity and inclusion information, inclusive of talking points and data, to help make the case for diversity and inclusion throughout the organization.
- Ensure that staff and leaders at all levels of the organization are included as stakeholders and are encouraged to contribute diversity and inclusion thoughts and ideas.
- Develop a recognition program to highlight state and local accomplishments regarding diversity and inclusion.
- Establish an annual diversity and inclusion report to highlight state and local societies' diversity and inclusion progress (for use by the Diversity and Inclusion Committee in advising the ADA Board of Trustees on how to support stronger progress).

Metrics:

- Increase progress for state and local diversity and inclusion on an annual basis, over an established baseline in 2015; key states with large pools of racially and ethnically diverse dentists (California, Texas, Florida, New York, Illinois and Maryland).
- Engage at least 50% of ADA Board of Trustees in productive discussions with their respective districts about increasing membership and leadership diversity; key states with large pools of racially and ethnically diverse dentists (California, Texas, Florida, New York, Illinois and Maryland).
- Engage 100% of ADA Board of Trustees in diversity and inclusion education on an annual basis.
- Engage a key coalition of ADA staff and volunteers in the diversity and inclusion change management process by second quarter 2015. (Member and Client Services, Board of Trustees, Communications and Marketing, Publishing, Institute for Diversity in Leadership Alumni Network, state and local dental societies and other key stakeholders as identified.)

Leading Indicators:

- Awareness of diversity and inclusion trends and goals among key stakeholders; level of utilization of diversity and inclusion resources; active diversity and inclusion coalition; level of ADA Board of Trustees diversity and inclusion engagement within their respective districts.

Objective 3.2: Develop Strong Relationships with a Broad Range of Dental Organizations with members of Diverse Backgrounds, Perspectives and Experiences.

Members First 2020 Membership Goal; Objective 1 and 2
(1) The public will recognize the ADA and its members as leaders and advocates in oral health.
(2) ADA member market share will equal at least 70% of active licensed dentists.

Strategies:

- Pursue collaborative relationships with the American Association of Women Dentists (AAWD), Hispanic Dental Association (HDA), Korean Dental Association of Southern California (KDA), National Dental Association (NDA), Society of American Indian Dentists (SAID) and the Southern California Filipino Dental Society (SCFDC).
    - Continue quarterly calls and collaboration through the Diversity Summit Presidents' Group
    - Continue Joint Leadership Development Programming
- Leverage the ADA Dental School Strategy; with key focus on schools with a large percentage of students from diverse backgrounds
- Develop a collaboration model to help state and local societies facilitate relationship building and collaboration with diverse societies at the regional levels, including dental school groups.
- Enhance ADA presence at meetings and events of dental organizations with members of diverse backgrounds and perspectives (AAWD, HDA, KDA, NDA, SAID, SCFDC and other appropriate meetings).
- Leverage existing collaborative opportunities with key ADA agencies, including those available through CAPIR (i.e. The National Roundtable on Dental Collaboration).

Metrics:

- Enhance state level collaboration with local racially and ethnically diverse dental groups (AAWD, NDA, HDA and SAID) over an established baseline, as indicated via the 2014 Diversity Summit President's Collaboration Survey.
- Increase participation in activities, meetings and events with large pools of dentists from diverse backgrounds, over a baseline established in 2014.
- Engage ADA in at least one collaborative outcome, on an annual basis, stemming from the Diversity Summit Presidents' calls, Joint Leadership Program or other appropriate channel.

Leading Indicators:

- Utilization of collaboration model; level of ADA collaboration with racially and ethnically diverse dental groups; level of ADA participation within settings with large pools of dentists from diverse backgrounds.

5.0 APPENDICES

Appendix 1: End-of-Year 2014 National Market Share Report

Appendix 2: End-of-Year 2014 Leadership Diversity Analyses

ADA American Dental Association®
America's leading advocate for oral health

Department of Membership Operations
Division of Member and Client Services

National Recruitment and Retention Report for Active Licensed Dentists

END OF YEAR 2014

NATIONAL

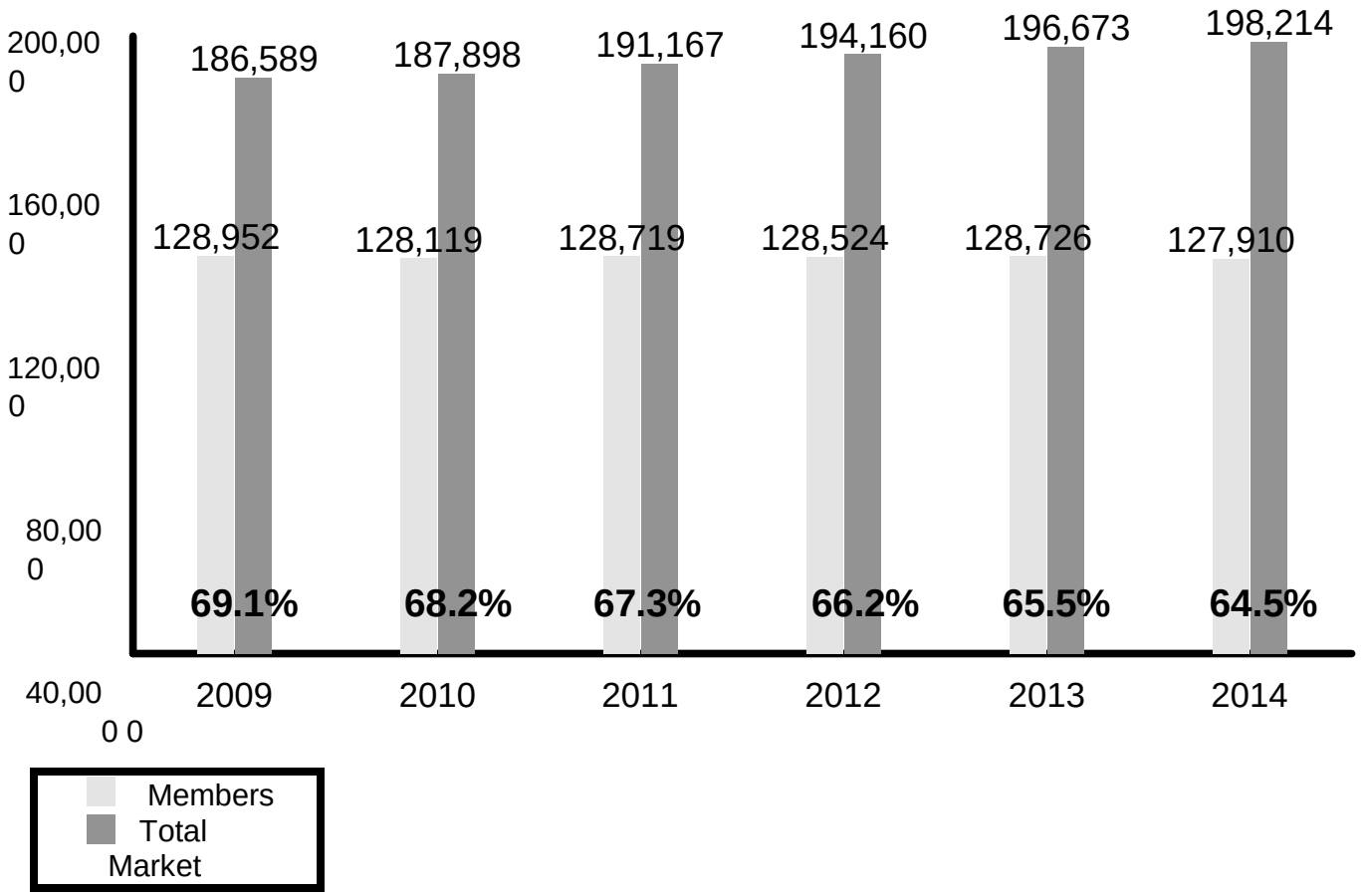
Recruitment and Retention Report

TABLE OF CONTENTS

* Note: Tables II-VII of this report include only those member dentists who are active licensed dentists at year-end and excludes all member dentists who are classified as retired members at year-end

NATIONAL MARKET SHARE

Active Licensed Dentists



Source: 2014 ADA Dentist Masterfile

ADA American Dental Association®

America's leading advocate for oral health

TABLE I
OF YEAR 2014
END RE - ALL U.S. DENTISTS
MARKET SHA RGET MARKET
BY T

TARGET GROUP	2014 MEMBERS NUMBER	2014 MEMBERS MARKET SHARE	NON-MEMBERS NUMBER	NON-MEMBERS PERCENT	TOTAL MARKET
All Dentists	**158,160**	**60.2%**	**104,408**	**39.8%**	**262,568**
Women	34,318	55.2%	27,899	44.8%	62,217
All Faculty	6,410	66.8%	3,192	33.2%	9,602
Full Time Faculty	3,122	60.8%	2,009	39.2%	5,131
General Practitioners	121,072	57.7%	88,653	42.3%	209,725
Specialists	37,088	70.2%	15,755	29.8%	52,843
Federal Dental Service	2,655	51.3%	2,520	48.7%	5,175
Graduate Students	4,091	64.7%	2,231	35.3%	6,322
Foreign Trained	5,836	37.9%	9,547	62.1%	15,383
All Minorities	21,247	47.7%	23,285	52.3%	44,532
New Dentists	32,017	62.4%	19,284	37.6%	51,301

Source: 2014 ADA Dentist Masterfile

NOTE: Target Markets overlap and should not be added together.

TABLE II
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY TARGET MARKET

	2014 MEMBERS		NON-MEMBERS		
TARGET GROUP	**NUMBER**	**MARKET SHARE**	**NUMBER**	**PERCENT**	**TOTAL MARKET**
All Dentists	**127,910**	**64.5%**	**70,304**	**35.5%**	**198,214**
Women	32,582	59.4%	22,249	40.6%	54,831
All Faculty	5,985	68.6%	2,734	31.4%	8,719
Full Time Faculty	3,105	64.5%	1,712	35.5%	4,817
General Practitioners	98,248	61.9%	60,389	38.1%	158,637
Specialists	29,662	74.9%	9,915	25.1%	39,577
Federal Dental Service	2,619	51.1%	2,505	48.9%	5,124
Graduate Students	3,002	65.8%	1,562	34.2%	4,564
Foreign Trained	5,273	45.8%	6,241	54.2%	11,514
All Minorities	19,737	51.9%	18,318	48.1%	38,055
New Dentists	30,886	65.0%	16,666	35.0%	47,552

Source: 2014 ADA Dentist Masterfile

NOTE: Target Markets overlap and should not be added together.

TABLE III
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY SPECIALTY

SPECIALTY	2014 MEMBERS NUMBER	2014 MEMBERS MARKET SHARE	NON-MEMBERS NUMBER	NON-MEMBERS PERCENT	TOTAL MARKET
General Practice	98,248	61.9%	60,389	38.1%	158,637
Oral And Maxillofacial Surgery	5,297	75.5%	1,717	24.5%	7,014
Endodontics	4,326	82.5%	916	17.5%	5,242
Orthodontics And Dentofacial Orthopedics	7,732	75.9%	2,459	24.1%	10,191
Pediatric Dentistry	5,132	76.8%	1,551	23.2%	6,683
Periodontics	4,134	74.6%	1,410	25.4%	5,544
Prosthodontics	2,247	63.9%	1,272	36.1%	3,519
Oral And Maxillofacial Pathology	256	62.7%	152	37.3%	408
Dental Public Health	481	56.0%	378	44.0%	859
Oral And Maxillofacial Radiology	57	48.7%	60	51.3%	117
Total	**127,910**	**64.5%**	**70,304**	**35.5%**	**198,214**

Source: 2014 ADA Dentist Masterfile

TABLE IV
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY OCCUPATION

OCCUPATION	2014 MEMBERS NUMBER	2014 MEMBERS MARKET SHARE	NON-MEMBERS NUMBER	NON-MEMBERS PERCENT	TOTAL MARKET
Full Time Practice (>30 Hrs/Week)	98,472	64.8%	53,561	35.2%	152,033
Parttime Practice (<30 Hrs/Week)	13,799	65.3%	7,348	34.7%	21,147
Dental School Faculty	3,105	64.5%	1,712	35.5%	4,817
Parttime Faculty/ Parttime Practice	3,273	73.8%	1,160	26.2%	4,433
Armed Forces	2,284	52.4%	2,077	47.6%	4,361
Other Federal Services	904	52.4%	820	47.6%	1,724
State Or Local Government	341	42.9%	453	57.1%	794
Hospital Staff Dentist	300	62.6%	179	37.4%	479
Graduate Student/Resident	4,389	68.1%	2,057	31.9%	6,446
Other Health/Dental Org Staff	496	57.3%	370	42.7%	866
Other Occupation	157	39.6%	239	60.4%	396
Not In Practice Seeking Employment	385	54.0%	328	46.0%	713
No Longer In Practice	5	100.0%	0	0.0%	5
Total	**127,910**	**64.5%**	**70,304**	**35.5%**	**198,214**

Source: 2014 ADA Dentist Masterfile

TABLE V
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY FIVE YEAR AGE GROUPS

AGE GROUP	2014 MEMBERS NUMBER	2014 MEMBERS MARKET SHARE	NON-MEMBERS NUMBER	NON-MEMBERS PERCENT	TOTAL MARKET
No Birthdate	5,858	36.9%	10,030	63.1%	15,888
90+	52	75.4%	17	24.6%	69
85-89	215	73.6%	77	26.4%	292

80-84	814	68.0%	383	32.0%	1,197
75-79	1,998	67.0%	985	33.0%	2,983
70-74	5,166	69.2%	2,297	30.8%	7,463
65-69	11,160	68.7%	5,084	31.3%	16,244
60-64	16,542	69.1%	7,406	30.9%	23,948
55-59	16,940	67.6%	8,105	32.4%	25,045
50-54	13,853	64.0%	7,784	36.0%	21,637
45-49	11,829	64.0%	6,643	36.0%	18,472
40-44	13,364	62.9%	7,869	37.1%	21,233
35-39	13,144	65.8%	6,824	34.2%	19,968
30-34	11,479	68.1%	5,381	31.9%	16,860
25-29	5,476	79.5%	1,415	20.5%	6,891
20-24	20	83.3%	4	16.7%	24
Total	**127,910**	**64.5%**	**70,304**	**35.5%**	**198,214**

Source: 2014 ADA Dentist Masterfile

TABLE VI
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY RACE

	2014 MEMBERS		NON-MEMBERS		
RACE	**NUMBER**	**MARKET SHARE**	**NUMBER**	**PERCENT**	**TOTAL MARKET**
African American/Black	3,071	41.5%	4,321	58.5%	7,392
American Indian	356	66.0%	183	34.0%	539
Asian	11,865	56.3%	9,219	43.7%	21,084
Hispanic	3,644	46.5%	4,196	53.5%	7,840
White	83,524	71.8%	32,883	28.2%	116,407
Native Hawaiian Or Other Pacific Islander	109	70.8%	45	29.2%	154

Not Reported	120	63.5%	69	36.5%	189
Other	801	66.8%	399	33.3%	1,200
Unknown	24,420	56.3%	18,989	43.7%	43,409
Total	**127,910**	**64.5%**	**70,304**	**35.5%**	**198,214**

Source: 2014 ADA Dentist Masterfile

TABLE VII
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY CONSTITUENT JURISDICTION

	2014 MEMBERS		NON-MEMBERS		
POTENTIAL CONSTITUENT	NUMBER	MARKET SHARE	NUMBER	PERCENT	TOTAL MARKET
Alabama Dental Association	1,350	66.3%	685	33.7%	2,035
Alaska Dental Society	308	63.6%	176	36.4%	484
Arizona Dental Association	1,916	56.1%	1,501	43.9%	3,417
Arkansas State Dental Association	916	77.7%	263	22.3%	1,179
California Dental Association	19,369	66.2%	9,904	33.8%	29,273
Colegio De Cirujanos Dentistas De Puerto Rico	130	8.9%	1,330	91.1%	1,460
Colorado Dental Association	2,596	73.5%	936	26.5%	3,532
Connecticut State Dental Association	1,852	70.8%	765	29.2%	2,617
Delaware State Dental Society	329	82.5%	70	17.5%	399
District Of Columbia Dental Society	328	51.7%	307	48.3%	635
Florida Dental Association	5,443	56.4%	4,212	43.6%	9,655
Georgia Dental Association	2,913	64.6%	1,594	35.4%	4,507
Hawaii Dental Association	816	84.4%	151	15.6%	967
Idaho State Dental Association	637	72.6%	240	27.4%	877
Illinois State Dental Society	5,505	65.7%	2,879	34.3%	8,384
Indiana Dental Association	2,338	76.6%	715	23.4%	3,053
Iowa Dental Association	1,373	86.7%	211	13.3%	1,584
Kansas Dental Association	1,046	74.8%	352	25.2%	1,398
Kentucky Dental Association	1,308	56.7%	1,000	43.3%	2,308
Louisiana Dental Association	1,588	74.4%	546	25.6%	2,134
Maine Dental Association	562	84.5%	103	15.5%	665
Maryland State Dental Association	2,020	51.7%	1,889	48.3%	3,909

Massachusetts Dental Society	3,904	77.2%	1,152	22.8%	5,056
Michigan Dental Association	4,418	74.4%	1,517	25.6%	5,935
Minnesota Dental Association	2,377	73.6%	853	26.4%	3,230
Mississippi Dental Association	876	74.5%	300	25.5%	1,176
Missouri Dental Association	1,883	66.4%	954	33.6%	2,837
Montana Dental Association	493	84.3%	92	15.7%	585
Nebraska Dental Association	843	72.8%	315	27.2%	1,158
Nevada Dental Association	764	55.6%	610	44.4%	1,374
New Hampshire Dental Society	635	78.2%	177	21.8%	812
New Jersey Dental Association	3,668	53.4%	3,203	46.6%	6,871
New Mexico Dental Association	561	57.4%	417	42.6%	978
New York State Dental Association	9,370	64.9%	5,064	35.1%	14,434
North Carolina Dental Society	2,958	66.7%	1,478	33.3%	4,436
North Dakota Dental Association	332	87.1%	49	12.9%	381
Ohio Dental Association	4,194	70.8%	1,733	29.2%	5,927

TABLE VII
END OF YEAR 2014
MARKET SHARE - ACTIVE LICENSED DENTISTS
BY CONSTITUENT JURISDICTION

	2014 MEMBERS		NON-MEMBERS		
POTENTIAL CONSTITUENT	**NUMBER**	**MARKET SHARE**	**NUMBER**	**PERCENT**	**TOTAL MARKET**
Oklahoma Dental Association	1,364	73.8%	483	26.2%	1,847
Oregon Dental Association	1,654	63.3%	957	36.7%	2,611
Pennsylvania Dental Association	4,228	55.8%	3,346	44.2%	7,574
Rhode Island Dental Association	418	77.6%	121	22.4%	539
South Carolina Dental Association	1,674	80.6%	403	19.4%	2,077
South Dakota Dental Association	399	93.2%	29	6.8%	428
Tennessee Dental Association	2,063	66.7%	1,029	33.3%	3,092
Texas Dental Association	7,921	60.5%	5,175	39.5%	13,096

Utah Dental Association	1,263	70.5%	529	29.5%	1,792
Vermont State Dental Society	293	84.4%	54	15.6%	347
Virgin Islands Dental Association	18	62.1%	11	37.9%	29
Virginia Dental Association	2,959	61.1%	1,880	38.9%	4,839
Washington State Dental Association	3,274	68.0%	1,542	32.0%	4,816
West Virginia Dental Association	576	68.2%	269	31.8%	845
Wisconsin Dental Association	2,286	73.1%	840	26.9%	3,126
Wyoming Dental Association	250	79.1%	66	20.9%	316
Air Force Dental Corps	536	48.2%	577	51.8%	1,113
Army Dental Corps	549	47.0%	619	53.0%	1,168
Civil Service	42	31.3%	92	68.7%	134
Navy Dental Corps	491	42.7%	659	57.3%	1,150
Public Health Service	256	54.8%	211	45.2%	467
Veterans Affairs	300	51.2%	286	48.8%	586
Dental School	2,081	66.8%	1,034	33.2%	3,115
Graduate Students	922	42.5%	1,247	57.5%	2,169
Provisional Members	10	25.0%	30	75.0%	40
Unknown Addresses	0	0.0%	507	100.0%	507
International Members	110	19.3%	459	80.7%	569
ADA Direct Member	54	39.7%	82	60.3%	136
Other Direct Members	0	0.0%	24	100.0%	24
Total	**127,910**	**64.5%**	**70,304**	**35.5%**	**198,214**

Source: 2014 ADA Dentist Masterfile

Leadership Diversity Analysis
Appendix 2

Increasing Leadership Diversity

It will be important to gain diverse perspectives to sustain the ADA in the future. Striving to have the Association's leadership reflect its overall member composition positions it for greater success with shaping the industry and demonstrating relevance to a wider variety of current and future dentists. Metrics outlined in the ADA's **2015–2019 Diversity and Inclusion Plan** aim to increase the percentage of diverse representation (women and racially and ethnically diverse dentists) in the ADA House of Delegates, Councils and Committees and Board of Trustees to reflect its overall membership diversity for dentists within these groups.

ADA Member Composition

ADA Leadership: Are We Ready for the Changing Face of Dentistry?

Source: EOY 2014, ADA Database

ADA 2015-2019 Diversity and Inclusion Plan Progress and Implementation Report Card
– 2015 –

	1st Quarter (Jan-March)	2nd Quarter (Apr-June)	3rd Quarter (July-Sept)	4th Quarter (Oct-Dec)
Goal 1 **A Diverse Membership:** Build Membership Diversity				
Objective 1: Increase membership diversity. Metrics An increase in market share for racially and ethnically diverse dentists by 1.5 percentage points by 2016 (from 53% at end-of-year 2013 to 54.5% in 2016). An increase in market share for women dentists by 1.5 percentage points by 2016 (from 60% at end-of-year 2013 to 61.5% in 2016).	Socialized 2015-2019 ADA Diversity and Inclusion Plan to key stakeholders, including state society president elects (Presidents-Elect Conference), Council on Membership and New Dentist Committee.	Continued socialization of the of the 2015-2019 ADA Diversity and Inclusion Plan to key stakeholders, including ADA Annual Conference on Membership Recruitment and Retention attendees and Council on Dental Education and Licensure.	Developed Diversity and Inclusion Outreach Initiative for deployment in key components, Greater Houston Dental Society (TX), West Coast Dental Association (FL), Chicago Dental Society (IL) and New York County Dental Society (NY). Developed Mentor Program for diverse dentists with a key focus on graduates from schools with a large percentage of students from diverse backgrounds.	Deploy Diversity and Inclusion Outreach Initiative in key components, Greater Houston Dental Society (TX), West Coast Dental Association (FL), Chicago Dental Society (IL) and New York County Dental Society (NY). Deploy Mentor Program for diverse dentists with a key focus on graduates from schools with a large percentage of students from diverse backgrounds.
Objective: 2: Increase awareness among members, prospective members and the nation's population regarding ADA's diversity and inclusion opportunities, efforts, resources and stories of interest. Metrics Establish a baseline for measuring diversity and inclusion awareness, through	Increased the frequency of diversity and inclusion stories or interest in key ADA communications, including *ADA News*, ADA social media outlets and ADA Membership Contact and Connections.	Piloted a diversity and inclusion community engagement approach via the Chicago Hispanic Health Coalition in order to evaluate the value of increasing ADA's presence in communities of underserved populations.	Engage Communications Team with the 2015-2019 ADA Diversity and Inclusion Plan to develop a communications strategy to help weave diversity into the ADA's overall brand and communications strategies.	Begin deployment of ADA Diversity and Inclusion Communications Strategy with focus on key audiences, including volunteer leaders; national, state, local, council members, delegates and dental society staff.

deployment of a new survey, *Survey of Racially and Ethnically Diverse Dentists,* by first quarter 2015. Increase percentage levels of awareness and perception ratings regarding ADA's Diversity and Inclusion commitment and practices, on an annual basis, over an established baseline in 2015.				
Goal 2 **An Inclusive and Welcoming Environment:** Foster an Inclusive and Welcoming Environment				
Objective 3: Increase leadership diversity. <u>Metrics</u> Increase the percentage of diverse representation (women and racially and ethnically diverse dentists) in the ADA House of Delegates to reflect the respective district's overall membership diversity by end-of-year 2019, while establishing short-term representation metrics on an annual basis. Increase the percentage of diverse representation (women and racially and ethnically diverse dentists) on the ADA Board, Councils and Committees to reflect ADA's overall membership diversity by end-of-year 2019, while establishing short-term representation metrics on an annual basis.	Conducted a comprehensive analysis of leadership diversity within the ADA Board of Trustees, Councils and Committees, and House of Delegates in an effort to develop an official ADA Best Practice Standards for Leadership Composition Guide for deployment to the Board of Trustees and state and local dental societies. Developed a Board of Trustees Diversity and Inclusion Toolkit to help Board members facilitate conversations about diversity and inclusion, discuss membership diversity success and action, evaluate leadership diversity and pathways for inclusion and share diversity and inclusion challenges and progress.	Deployed Board of Trustees Diversity and Inclusion Toolkit, including Best Practice Standards for Leadership Composition Guide to the Board of Trustees.	In conjunction with the Diversity and Inclusion Committee and key ADA agencies, discussed and identified approaches to engaging the Board of Trustees with the Board of Trustees Diversity and Inclusion Toolkit and *Best Practice Standards for Leadership Composition Guide.*	Develop and deploy a State and Local Diversity and Inclusion Toolkit, including Best Practice Standards for Leadership Composition Guide to help state and local dental societies advance diversity and inclusion and leadership diversity at the state and local level.

Objective 4: Cultivate a welcoming and inclusive environment. Metrics Establish a baseline, in 2015, for measuring the welcoming and inclusion climate of the ADA, at all levels, via the inclusion of a "welcoming and inclusive" measurement question in the Member Value and Loyalty Survey and Survey of Women and Racially and Ethnically Diverse Dentists. Increase perception of ADA's "welcoming and inclusive" climate at the national, state and local level (over an established 2015 baseline) as indicated via the deployment cycle of the ADA Member Value Loyalty Survey and Survey of Women and Racially and Ethnically Diverse Dentists.	In collaboration with Membership Marketing, developed a Survey of Women and Racially and Ethnically Diverse Dentists to gain information regarding awareness and perceptions of women and dentists of diverse backgrounds.		Deployed the Member Value and Loyalty Survey. Deployed the Survey of Women and Racially and Ethnically Diverse Dentists.	Leverage survey results to ignite discussions and develop a resource to help ADA, state and local dental societies better foster welcoming and inclusive environments.
GOAL 3 **A System of Sustainability:** Institutionalize Sustainability				
Objective 5: Institutionalize shared accountability for a culture of diversity and inclusion. Metrics Increase progress for state and local diversity and inclusion on an annual basis, over an established baseline in 2015; key states with large pools of racially and ethnically	Socialization of 2015-2019 ADA Diversity and Inclusion Plan to key stakeholders, including the Board of Trustees, Division of Member and Client Services, President Elects, Council on Membership, New Dentist Committee and associations of the Diversity Summit Presidents' Group.	Continuation of socialization of plan to key stakeholders, including ADA Annual Conference on Membership Recruitment and Retention attendees, Council on Dental Education and Licensure, Institute for Diversity in Leadership, Executive Director Advisory Committee and the 3CD Community.	Continuation of socialization of plan to key stakeholders, including ADA Management Conference attendees and Council on Access Prevention and Interprofessional Relations (CAPIR).	Continuation of socialization of plan to key stakeholders, including Council on Dental Benefits, ADA Senior Staff and other identified stakeholders. Build a dentist volunteer roster of Diversity and Inclusion champions who can be called upon to participate in select diversity and inclusion initiatives and

diverse dentists (California, Texas, Florida, New York, Illinois and Maryland). Engage at least 50% of ADA Board of Trustees in productive discussions with their respective districts about increasing membership and leadership diversity; key states with large pools of racially and ethnically diverse dentists (California, Texas, Florida, New York, Illinois and Maryland). Engage 100% of ADA Board of Trustees in diversity and inclusion education on an annual basis. Engage a key coalition of ADA staff and volunteers in the diversity and inclusion change management process by second quarter 2015. (Member and Client Services, Board of Trustees, Communications and Marketing, Publishing, Institute for Diversity in Leadership Alumni Network, state and local dental societies and other key stakeholders as identified.)				help elevate ADA diversity and inclusion efforts at the national, state and local levels. Create "ASKS" for key stakeholders based on support needed to implement key strategies. As part of the State and Local Diversity and Inclusion Toolkit, create a template that state and local dental societies can use to track diversity and inclusion progress.
Objective 6: Develop strong relationships with a broad range of dental organizations with members of diverse backgrounds, perspectives and experiences.	Socialization of the 2015-2019 Diversity and Inclusion Plan to the Diversity Summit Presidents' Group *(AAWD, ADA, HDA, NDA and SAID*) and their respective organizations. Coordinated Diversity	As a special segment of the ADA Board of Trustees June 2015 meeting, engaged Diversity Summit President's Group in conversations with the ADA Board on maximizing Medicaid dental programs		Host Diversity Summit Presidents' Group at the October meeting of the ADA Diversity and Inclusion Committee to gain additional insights and perspectives regarding challenges and opportunities related to

Metrics Enhance state level collaboration with local racially and ethnically diverse dental groups (American Association of Women Dentists (AAWD), Hispanic Dental Association (HDA), National Dental Association (NDA), and the Society of American Indian Dentists (SAID) over an established baseline, as indicated via the 2014 Diversity Summit President's Collaboration Survey. Increase participation in activities, meetings and events with large pools of dentists from diverse backgrounds, over a baseline established in 2014. Engage ADA in at least one collaborative outcome, on an annual basis, stemming from the Diversity Summit Presidents' calls, Joint Leadership Program or other appropriate channel.	Summit Presidents' Group *(AAWD, ADA, HDA, NDA and SAID*) conference call on a bi-monthly basis to facilitate relationship building and collaborative work among the Diversity Summit Presidents' Group.	to improve the health of the underserved.		elevating ADA Diversity and Inclusion. Via the 2015 Joint Leadership Program, engage Diversity Summit Presidents' Group and other leaders from ADA and racially and ethnically diverse organizations in conversations centered on producing stronger collaboration among the different groups at the regional, state and local level.

Resolution No. 88 New

Report: NA Date Submitted: October 18, 2015

Submitted By: First Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

NEW DENTIST DUES DISCOUNTS

The following resolution was adopted by the First Trustee District and transmitted on October 18, 2015 by Dr. Judith M. Fisch, Caucus Chair, First Trustee District.

Background: Today's dental students graduate with an average debt of $246,539 (see following charts). This debt level affects a new dentist's decision on where and how to practice, and is a primary factor in whether or not to join and/or renew membership in organized dentistry. In states that have private dental schools, such as Massachusetts, the debt levels are higher and the impact on membership is even greater.

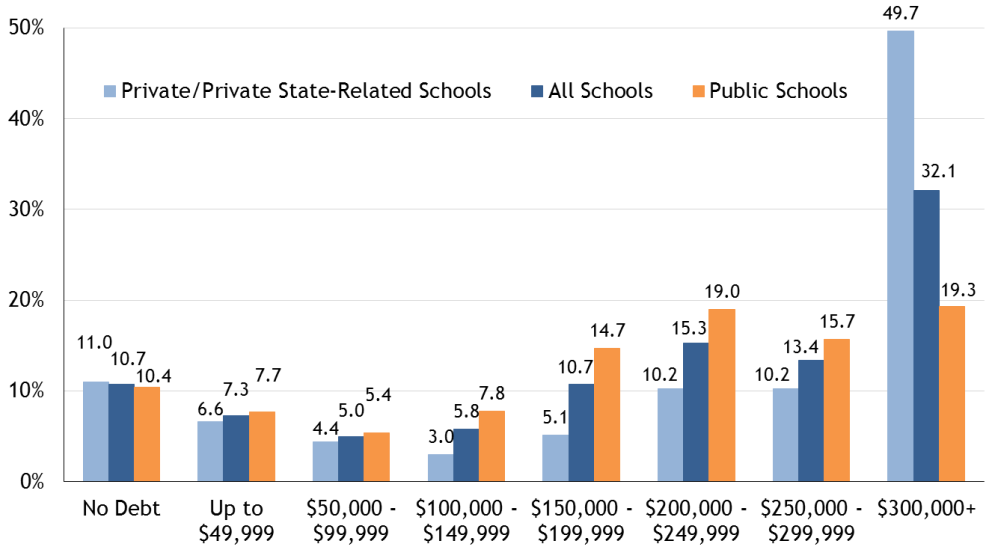
Graduating Debt by Gender, 2014

	Respondents with Debt		All Respondents	
	Average	Median	Average	Median
Men	$254,690	$250,000	$227,559	$239,500
Women	$238,812	$240,000	$214,588	$217,727
All Graduates	**$246,538**	**$245,000**	**$221,073**	**$228,613**

Source: American Dental Education Association, Survey of Dental School Seniors, 2014 Graduating Class

Note: The "All Graduates" category includes individuals not in the Men or Women categories.

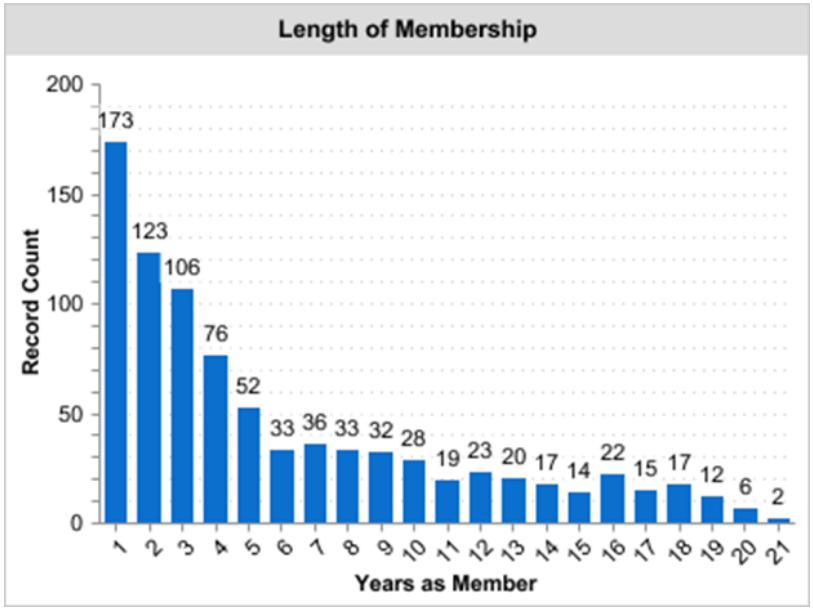
Percentage of Graduates at Different Levels of Educational Debt by Type of School, 2014



Source: American Dental Education Association, Survey of Dental School Seniors, 2014 Graduating Class

Note: Educational debt is the sum of undergraduate debt and dental school debt for all respondents.

1 ## Length of Membership of Former Members in Massachusetts



2 Source: Massachusetts Dental Society

3 Currently, the ADA's Reduced Dues Program offers five years of reduced dues. However, with the rising
4 costs of dental education and the practice of dentistry, dentists need more time to realize the benefits of
5 organized dentistry. In Massachusetts, the Massachusetts Dental Society has seen a dramatic drop off

within the first two years of membership. Out of the 859 former members in Massachusetts, close to 35% maintained membership for only one or two years.

There are many benefits offered by the tripartite, especially for dentists in their first ten years out of school. Extending the number of years of reduced dues would increase member retention by reducing the financial barrier to membership and would better allow dentists to realize the benefits of membership. In addition, the lifetime value of retaining a dentist for 30 or more years has a tremendous benefit to all levels of the tripartite, not just in dues but also in products purchased, continuing education events attended and volunteer positions accepted.

Therefore, be it

Resolution

88. Resolved, that the ADA Council on Membership study the benefits and financial impact of extending the reduced dues period for the New Dentist Dues Discount Program, and be it further

Resolved, that the Council on Membership report on the results of the study to the 2016 House of Delegates.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Resolution No. 89 New

Report: NA Date Submitted: October 18, 2015

Submitted By: First Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: $160,000 Net Dues Impact: $1.51

Amount One-time $80,000 (year one) Amount On-going $40,000/year for an additional 2 years FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

FACULTY MEMBERSHIP

The following resolution was adopted by the First Trustee District and transmitted on October 18, 2015 by Dr. Judith M. Fisch, Caucus Chair, First Trustee District.

Background: The level of engagement of full-time dental school faculty in organized dentistry is a key factor in promoting membership in the American Dental Association (ADA), state societies, and a local district (component) to future dentists. In order to increase the level of engagement of faculty, a more efficient and affordable method to join and renew membership is necessary. The issue of membership for faculty is critical in Boston, because the city has three dental schools within a three-mile radius. There are approximately 232 full-time dental school faculty members who work at Boston University Henry M. Goldman School of Dental Medicine, Harvard School of Dental Medicine and Tufts University School of Dental Medicine. Currently, only 156 (67.7%) of full-time faculty members in Massachusetts are members of the ADA, the Massachusetts Dental Society (MDS) and their local district.

By offering a group faculty membership for full-time dental school faculty, we can:

- Expand the mission of the ADA, state, and component to represent all dentists.
- Increase the market share and strengthen the voice of the ADA and state societies on issues that affect dentistry.
- Increase the diversity of our membership.
- Demonstrate our commitment to helping those dentists who educate dental students on a full-time basis.
- Encourage faculty to engage in ADA, MDS and local district events.
- Share the importance of organized dentistry with dental students through their instructors.

A group membership would also improve the efficiency of dues collection and recruitment efforts and would allow the national, state and local societies to focus more time and effort on building the value of membership for faculty members.

Proposal: The MDS plans to further investigate the benefits of organized dentistry and a new group membership dues structure for full-time faculty members in order to increase market share and relevancy for this demographic. A task force will be established that will be composed of faculty members, dental

school deans and an MDS staff liaison. Over the next three years, the task force will determine how the ADA, the MDS and the component society can:

- Better engage faculty members in organized dentistry;
- Offer a possible school-wide dues structure for all full-time faculty members;
- Establish the most important current member benefits for faculty members;
- Identify new benefits organized dentistry can offer faculty members to help them succeed; and
- Offer opportunities in which faculty can encourage students to join after graduation, increasing conversion rates.

The task force would be supported by a MDS staff facilitator to collaborate with the three Boston dental schools, the local Boston District Dental Society, the MDS and the ADA. The task force and staff facilitator will help determine the process for implementing a group membership and for ways to make membership more relevant to faculty.

Dues and Support: During the task force period, a group tripartite membership would be extended to all full-time faculty in Boston at ***no additional cost to dental schools***. To support the activities of the task force, $40,000 of the ADA dues collected shall be retained by the MDS. This amount represents roughly 50% of the ADA dues collected currently by faculty members at the three Massachusetts dental schools. In addition, the MDS will contribute $40,000 in accommodations, services, and funding to the task force and program development.

Therefore**,** be it

Resolution

89. Resolved, that the Council on Membership undertake a comprehensive study of the dues structure and the benefits of membership for full-time dental school faculty, and be it further

Resolved, that the Council on Membership be urged to consult with a representative from each of the Massachusetts Dental Society and the Board of Trustees, a dental school administrator and a full-time dental school faculty member in conducting the study, and be it further

Resolved, that the study be supported by up to $120,000 issued in three installments of up to $40,000, and be it further

Resolved, that the appropriate ADA agencies provide assistance to the Council on Membership for the study by negotiating support from the Massachusetts Dental Society by providing the ADA with in-kind services, accommodations and/or funding with a value of up to $40,000, and be it further

Resolved, that the Council on Membership submit a progress report on the study with the final report recommending strategies for engaging faculty membership in organized dentistry, which can be applied nationally.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

Resolution No. 100 New

Report: NA Date Submitted: November 6, 2015

Submitted By: Fourteenth Trustee District

Reference Committee: E (Membership and Related Matters)

Total Net Financial Implication: None Net Dues Impact: None

Amount One-time _____ Amount On-going _____ FTE 0

ADA Strategic Plan Objective: Membership-Obj. 2: Market share will equal 70%

How does this resolution increase member value: See Background

IMPROVED MARKETING OF THE STUDENT LOAN REPAYMENT PROGRAM

The following resolution was submitted on behalf of the Fourteenth Trustee District on November 6, 2015 by Dr. Michael Varley.

Background:

1. The ADA Membership market share is currently at 65% and continues to fall at the rate of 2% per year;

2. The ADA is not recruiting and retaining new dentists at a rate that will replace those dentists leaving the ADA at the end of their careers;

3. Currently the marketing of this program is being performed by the designated lender and the ADA staff;

4. It is a concern that this benefit is unknown to many ADA members and nonmembers;

5. In certain instances, State and Component associations are more versed in marketing to their specific dentist populations and dental schools.

Resolution

100. Resolved, that the ADA allocate funding from the royalty reserves for the purposes of creating a grant for state and component marketing of the student loans membership benefit program.

BOARD RECOMMENDATION: Received after the October Board of Trustees meeting.

New Business

Resolution No. 105 New ■ Substitute ☐ Amendment ☐

Report: N/A Date Submitted: November 2015

Submitted By: Sixth Trustee District

Reference Committee: _____

Total Net Financial Implication: _____ Net Dues Impact: _____

Amount One-time _____ Amount On-going _____

ADA Strategic Plan Goal: _____ (Required)

ELECTION COMMISSION REPORTING

The following resolution was adopted by the Sixth Trustee District and transmitted on November 8, 2015, by Dr. Jay Height, Sixth District Caucus.

Background: As the reports of the Election Commission have been posted to the Supplemental Section of the House of Delegates several issues have come to light that need clarification and improvement.

The first is that the Election Commission is the given the option of whether to report violations of the Campaign Agreement and policies or not to report them. The second, is the location and manner in which that report is received by the House.

In the spirit of transparency and disclosure, the following resolution is made.

Resolution

105. Resolved, that if violations of the Campaign Agreement and Guidelines are determined to have occurred, then the Election Commission, if it cannot resolve those violations between the candidates, must report those violations to the House of Delegates, and be it further

Resolved, that the Report of the Election Commission be given orally to the House in the meeting preceding the elections, and be it further

Resolved, that if violations occur after that meeting, and before the election, then that information must be shared with the caucuses by the most expedient manner.

Resolution No. 106 New ■ Substitute ☐ Amendment ☐

Report: N/A Date Submitted: November 2015

Submitted By: Third Trustee District

Reference Committee:

Total Net Financial Implication: None Net Dues Impact:

Amount One-time Amount On-going

ADA Strategic Plan Goal: (Required)

AMENDMENT OF ELECTION COMMISSION CAMPAIGN GUIDELINES

The following resolution was adopted by the Third Trustee District and transmitted on November 8, 2015, by Dr. Nicole Quezada, Third District delegation secretary.

Background: It is apparent that some 2015 delegates and alternate delegates were not aware that reports from the Election Commission concerning campaign violations were available on ADA Connect in advance of the First Meeting of the House. Therefore, it is felt that additional communication in this regard is necessary for a fully informed delegation.

Resolution

106. Resolved, that the Manual of the House of Delegates, Election Commission and Campaign Guidelines, be amended by insertion of a new paragraph #12 as follows:

> 12. In the event of a violation of the House-approved guidelines, the candidates' negotiated agreement or the Election Commission's Guidelines, the candidate will be given the opportunity to correct the violation. If the violation cannot be corrected or its actions mitigated, then the violation will be reported to the House of Delegates by posting the report in the House of Delegates section on ADA Connect. Additionally, an email will be sent to all delegates and alternate delegates with a working email address on file, alerting them that the report has been posted, and be it further

Resolved, that the existing paragraph #12 be re-numbered as #13.

2015 Index of Resolutions

2014 Resolutions

2015 Index of Reports

Reports of the Board of Trustees to the House of Delegates

Supplemental Agency Reports